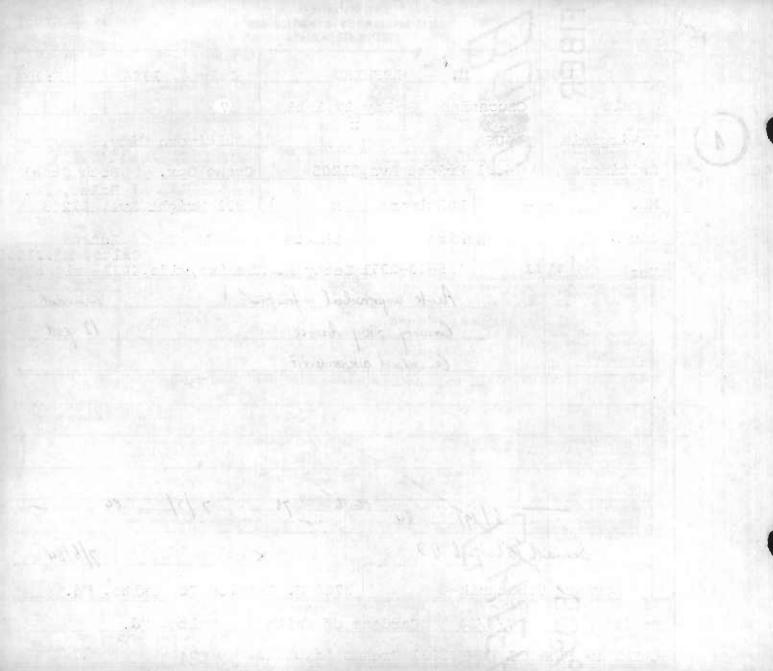


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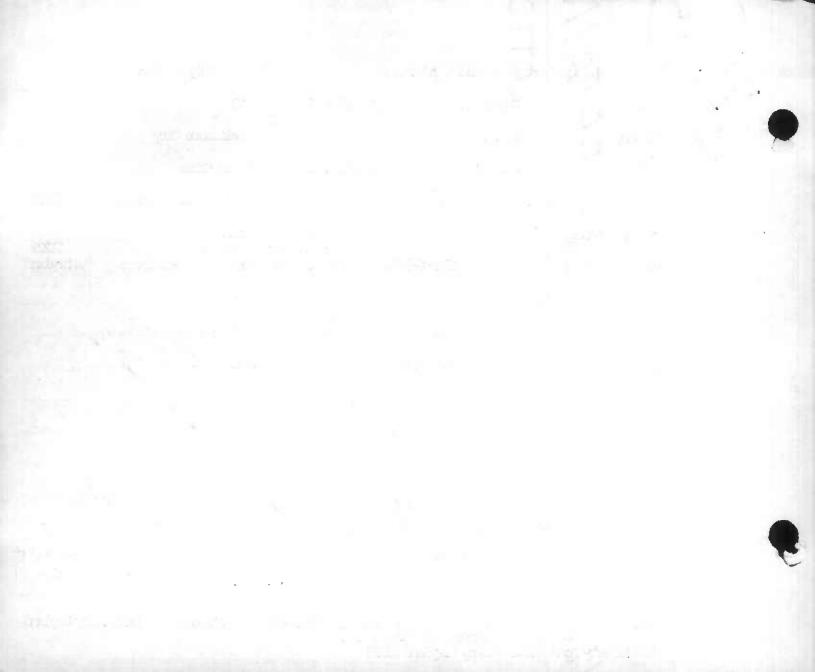
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 2n DATE OF DEATH 26 HOUR I. DECEASED NAME (TYPE OR PRINT) :30 a. Sr. July 2, 1984 Andrew Adams 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 3. SEX DAYS July 20, 1901 82 White Male 9. BALTIMORE CITY OR COUNTY OF DEATH Te. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Baltimore City U.S.A. Maryland WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! 6215 Everall Ave. Baltimore Residence Upholsterer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 6215 Everall Avenue Baltimore Maryland YES TO NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE MIDDLE Ellanora John Adams Bond ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN HE YES. GIVE WAR OR DATEST 6215 Everall Ave. 21206 No 215-05-1917 Annetta M. Adams APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ORAS A PONSEQUENCE OF TUS ULCERS Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Mental Hyg 8 sh 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did) (view the bady after death 22h SIGNATURE DEGREE ATTENDING FUNERAL Could be deto PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22 d. PHYSICIAN'S NAME LITYPE OF PRINT MPORT 7122 Harford Road Dr. Celiar Parra Baltimore. Maryland 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE STATE Burial Jul 5 1984 Parkwood Cemetery Baltimore 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Leonard J. Ruck, Inc. Baltimore. Maryland (VRA 15, 4)

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2 3 € Maryland - Baltimore YES X NO □ 35/5 W000 Stock /	ue 21213
14. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
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Henry Adle Margaret Kes Was Deceased Ever in U.S. Armed FORCES? 166 SOCIAL SECURITY NO. III INFORMATION ADDRESS LTO,	Md. 21213
WAS DECEASED EVER IN U.S. ARMED PORCES? IN SOCIAL SECURITION. (IFYES, GIVE WAR OR DATES) Yes WWII 218-03-5349 Anna E. Adle, wife, 3515 Wo	odstock Ave
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27a certify that (1) (this haspital) attended the deceased from 7.5	that (I) (we) last
saw the deceased alive an 19.34 and that in (my) (aur) opinion death accurred on the date and hour and above, (I) (we) (did) (did not) view the body after death	d from the causes stated
	22c. DATE SIGNED
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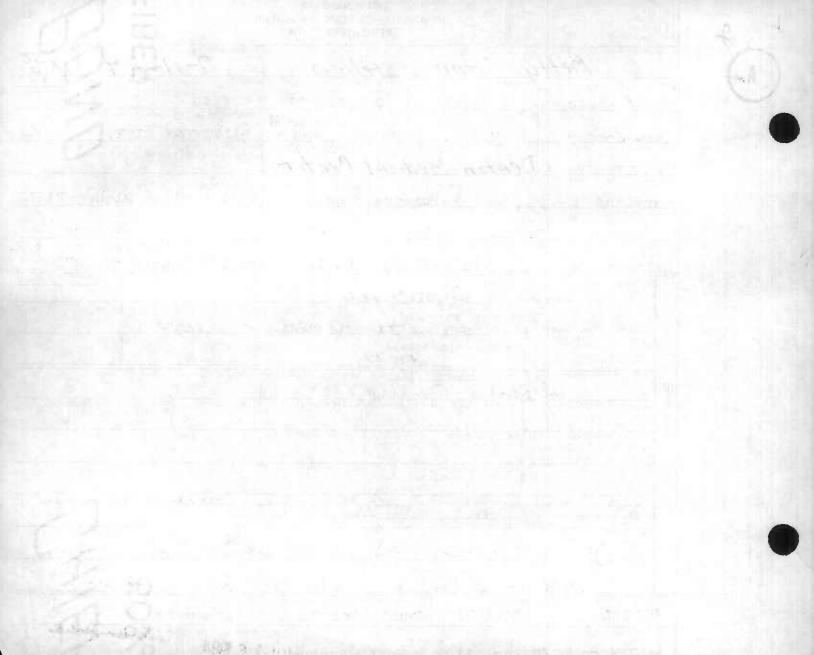
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) ESTI-Michael JAMES DEATH MATED 28 ALLEN 19 84 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 11:00 1084 DEAD 28 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED [DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK 11 MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS In ant OR INDUSTRY Francis Scott Key Medical Center Baltimore OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 452 Prino Street 21224 13d. INSIDE CITY LIMITS? Maruland YES X BALTIMORE, MD. 14 FATHER'S NAME 1 AND 2 MIDDLE MIDDLE Margaret ames Leona rester 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) James C. Allen 452 Elrino St. 21224 None No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A HEALTH CERTIFICATION USED / 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO 🗌 OULD BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO FUNERAL DIRECTOR: PACAFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21: X 220 I certify that I took charge of the remains described above, held an Inspection and in my apinion death resulted fram Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 7-29-84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. TO ME EXECU 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION emeteru BP 24 FUNERAL DIRECTOR **DHMH - 17** harles S. Zeiler & Son Inc. 6224 Eastern Ave. (VR A15 ME (5)) 20M 4/B2

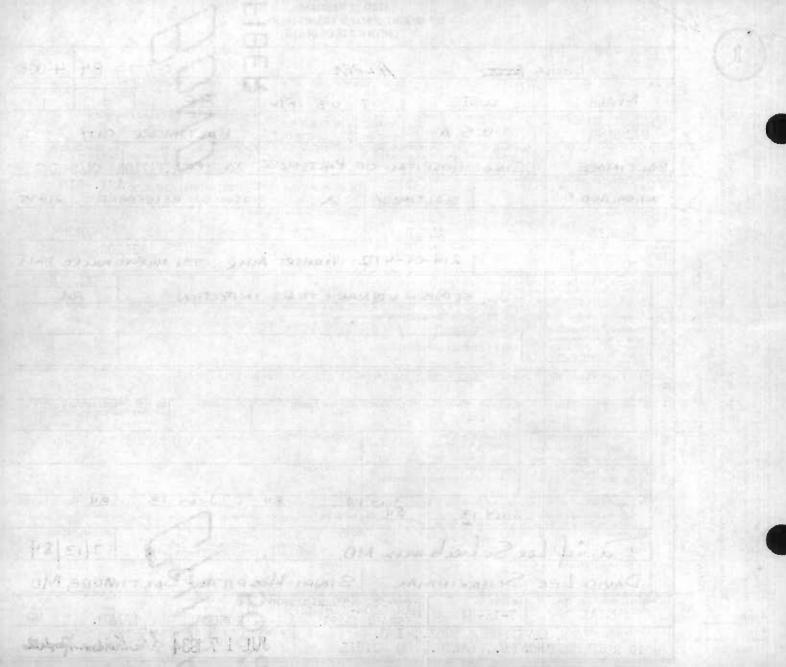
Jun 193 The standard of the standard o 1957 ... Wiles Till Berlin, 1959 Communication of the Communica

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	{YES	NO, OR UNKNOW	VN) (IF YES, GIVE)	WAR OR DATES)			En	gene	Aller	Sr	920 N	.Patter	Ave.
F	_	8 CAUSE OF	DEATH (Enter anl	y ane cause per lin	e far (a), (b).	and (c).)	120	50110			20 14	APPROXIA	NATE INTERVAL
		PART I DE	ATH WAS CAUSED			ensive C	ardiov	ascula	r Dise	ease		BETWEEN OF	NSET AND DEATH
BURIAL, CREMATION, OR REMOVAL.			MANEDIAI		R AS A CON	SEQUENCE OF							
REM			s, if any, which	(b)									
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		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELAT	TEO TO THE TERMINA	OISEASE OR COM	IOITION GIVEN IN	PART 1 Ids				
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	ERT	10. EXTERNA	L CAUSE WAS	21b. TIME C	F INJURY		21c. HOW IN	JURY OCCUR	RED LENTERN	ATURE OF INJURY IN	ITEM 18 PART 1		NO X
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	V L	1d. INJURY O		21e PLACE	OF INJURY	(AT HOME,	II. LOCATIO	N					
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		death resulte	-	al causes XX	/Accident	Suicio		damicide	_	rmined manner		ny opinion	
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2	(TYPE OR PRIN	(I) Deriti	Ls F. Smy			ADDRE	.00		St., Ba	ilto.,	Md. 21:	201
1		CRIAL CREMAT	ION, REMOVAL 2	3b. DATE 7/27/84		rrisor			23d. LOG	CATION PRIOWN ngs M:	110	COUNTY	Md.
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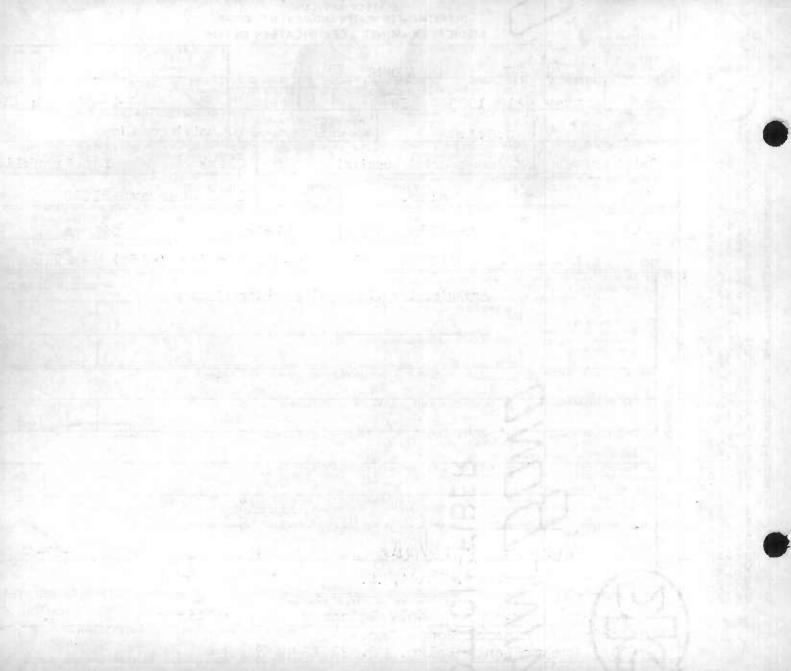
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A STATE OF THE STA	. BIRTHPLACE IST		U.S.A.	OUNTRY? 8. MARRIE WIDOW	D NEVER MA	ARRIED 🗆	Baltimore CITY OR	COUNTY OF DEATH	
14 pg 48	10 CITY OR TOWN O	F DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY.	L, NURSING HOME	OR OTHER INSTI	TUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		D OF BUSINESS RY
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n ond c Pages	160 WAS DECEASED LYES NO OR UNKNOWN NO		AED FORCES? 16b. SO	CIAL SECURITY NO.	Ruth		465 Brook	War - Work	, N.Y.
physicion. Applysicion. Ifficiale has been signed by the attending physicion fricate has been signed by the attending physicion fricate has been signed by the attending physicion Hansit permit. Then please remove corbon papers. I Hansit permit the prior to buriol, cremation, or removol. In 18 shows any injury, or other traumatic event, the	Conditions, i gave rise to couse ol, underlying PART 2 OTHE Myoc 19a DATE OF C July	f ony, which is immediate stating the cause last as R SIGNIFICANT CO	DUE TO, OR AS A C (b) Dia (b) Dia (c) Chr (c) ONDITIONS CONTRIBU Infarction; 19b CONDITION FO Abscess 21b Time OF INJUR	betes Mell consequence of mic Renal uting to Death But AArteriose or which operation and Cellul y	Failure NOT RELATED TO CLETOTIC ON WAS PERFORE LITIS OF	e TO THE TERMIN Deriph MED left f	NAL DISEASE OR CONDI DEFAL VASCUL 200, AUTOPSY? PAT NO [5] D (ENTER NATURE OF INJURY	ar disease 20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	e. IDINGS USED SES OF DEATHS
G PHYSICIAN: The offending physician this certificate or this burial-transit and Mental Hygisked or Item 18 ships	OR CONTRIBUTION (IF EITHER, NOT) 21d. INJURY O	G CAUSE OF DEAT FY MEDICAL EXAMINER) CCURRED NOT WHILE	In .		21f. LOCATION	N	CITY OR TOW	n COUNTY	STA
O MOSPITAL OR ATTENDINI etoined by the hospital or c to FUNERAL DIRECTOR: Aft should be detached for use as with the State Dept. of Health IMPORTANT: If them 21 is man	220. I certify the sow the cobove, the cobove, the 22b. SIGNATU	this hospit- leceased alive on (we) (did) (did) not RE	al) attended the decear July 18) view the body after de-		DEGREE AT Pt 220. ADDRESS	TENDING HYSICIAN []	nto July 18 eath accurred an the data MEDICAL STAFF DIRECTOR PHYSICIA MEDICAL PHYSICIA MEDICAL STAFF DIRECTOR HYSICIA	e and hour and from	m, that X (we the couses state
BP 20	230. BURIAL, CREMA BURIAL		23b. DATE 25 7/24/84		CEMETERY OR CE	REMATORY	23d LOCATION Lamsdow	-	Md ¹
MH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECT		Inc. 110	ADDRESS	h Avan	11111 (REC'D. BY REGISTRAR 25	sb. REGISTRAR'S SIGN	

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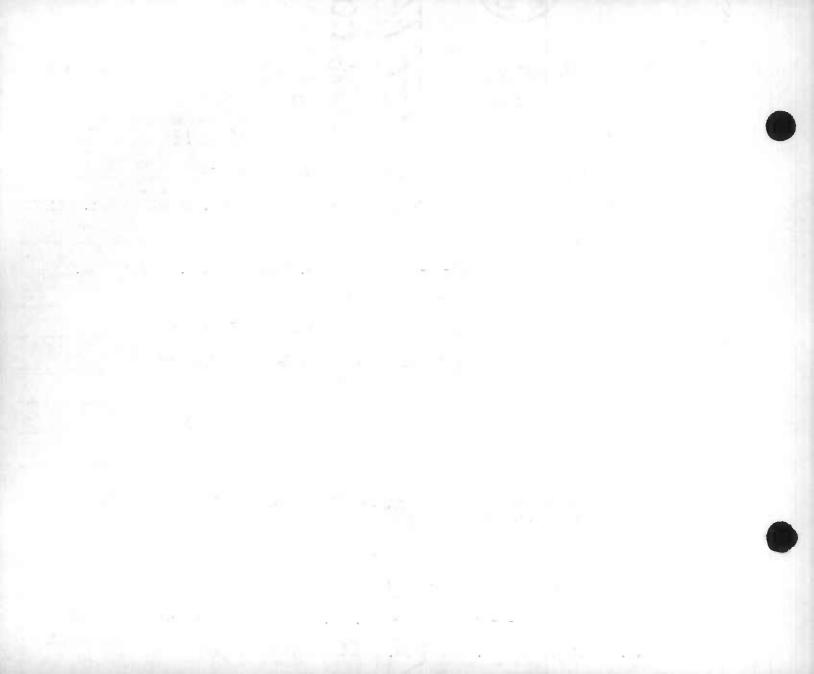


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		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST	2a. DATE KNO	MN X MONT	TH DAY YEAR	2b. HOUR
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1		TY OR TOWN OF D		HE NOT IN SUCH EA	PITAL, NURSING HO	(22		FOR MOST OF WORKING Clerk	ON (TYPE OF WOR LIFE)	OR INDUS	TRY
		Baltimore			lemorial H		L	Clerk		Ben Fra	anklin
1	13a. S		13b COUNTY	THER INSTITUTION, GI	Balto.	N	13d. INSIDE CITY LIMITS? YES X NO	3525 Jun	eway	21213	
1	14. FA	THER'S NAME					15. MOTHER'S MAIDE			4162	
		Vincer		WINDLE A	monica,	Sr	Elv:			DiLena	
		VAS DECEASED EVE	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	Al	DDRESS	sa	me
		no	THE TES, GIVE WA	R OR DATES	213-30-	1733	Eugenia	a Amonica	(wife)	addre	ss
		18 CAUSE OF DE	MAKE CALICED D	V	for (a), (b), and (c).					APPROXIMA BETWEEN ONS	SET AND DEATH
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		gave rise to	immediate	(b)							
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				of the removes do	scribed abave, held o	in Autor	osy , Inspectio	in . Inquiry .	and in my	CODIDION	
	-	death resulted fro	- Aug. 17		Accident	Suicide		Undetermined manne		apman	
		death resolved fro	A	Z. 4	(1/ 4	2010106	TITLE (SPECIFY)	Sinderestimed marme			
		ACTUAL SIGNATURE	MANNE	Into 1/A	ne My D	1	Assistan	T MEDICAL EXAMINE	R SKG	TE 7-2	7-84
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pitte	-	(TYPE OR PRINT)	Mar Mar	garita <i>H</i>	A. Korell,	M.D.	ADDRESS	1 Penn Stree	31		
	23a.B	URIAL, CREMATION	REMOVAL 23b	DATE			OR CREMATORY	23d. LOCATION	c	OUNTY	STATE
		Buri		7/30/84		Rede		Baltimo		ма	•
	24 F				Home,			REC'D. BY REGISTRAR 2	Sh REGISTRAR	S SIGNATURE	
		3331	Brehms	s Lane,	Balto.	Md.	21213]]]] [3 () 1984	7.55	.,	
20M 4/82											



3/6/14 70 PA USH U BADE, CITE BALTE CHOPER HOSP MENTE 21241 MO BATH ESSEX 17 CLIPPER RE 1-15-05 10 COTES 700 WAR DERETH WHITE ASSEL ELMINE TILE PREDOWNIEE BAITE ME. T. G. CERNELLS 30 C MAGE WILLIAM STREET, SELLENGER STREET, ST.

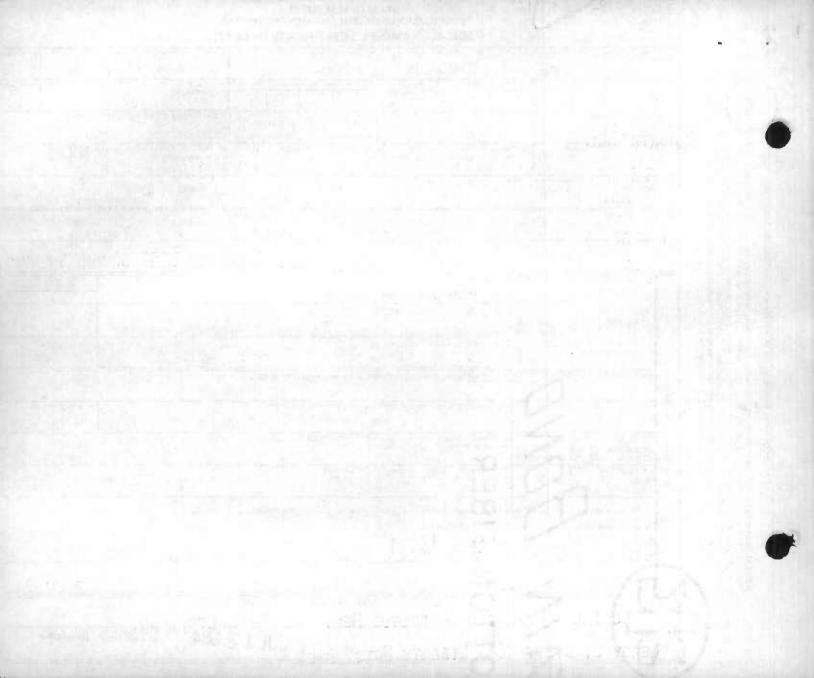
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	1	STATE REGISTRAR		CERTIFICATE		REG. NO.	
4 may be for, page 3 after death		CEASED NAME FIRST APT	-hul MIDDLE	And	e150N	2a. DATE OF DEATH MONTH	-30-84 9:50 pm
edor, po	3. SE Ma	× ALE	BLACK	5. DATE OF BIRTH	0° 1°9°		MONTHS DAYS HOURS MIN.
		SOUTH CAROLINA	76 CITIZEN OF WHAT COUL US	MARRIED UNI	EVER MARRIED DIVORCED	9. BALTIMORE CITY OR COL	CITY MD.
the state of the s	1:	BAL to		COURS H	RINSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK RETIRED	17b. KIND OF BUSINESS OR INDUSTRY
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician. Wher this certificate has been signed by the attending physician and completely filled in the state that the state of the please remove carbon papers. Pages a and 2 should be fit and Mental Hygiene prior to buriol, cremation, or removal. arked or the them any injury, or other traumatic event, the medical examiner minning and a filled or the state of the state o	13a.:	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE NTY 13c, CITY OF BALTI	MORE 13d. INS	SIDE CITY LIMITS? NO THER'S MAIDEN NA	13e STREET ADDRESS / ZIP 6	
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been signe mit. Then p pricar to bur any injury, o	NOIL	PART 2 OTHER SIGNIFICANT (G TO DEATH BUT NOT RE			IF YES, WERE FINDINGS USED
The law rician. Te has bee sist permit.	CERTIFICATION	710. ACCIDENT WAS UNDERLYING				YES NO NO	ERTIFYING CAUSES OF DEATH? YES NO NO
IG PHYSICIAN: The ottending physicion the certificate is the buriol-transit and Mental Hygie rked or line. It is the	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT P.M.	H DAY YEAR 19		RED (ENTER NATURE OF INJURY IN ITE	M 1B PARL LORPARL 2)
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TTEN Spital CTOR: for us of He				19 84, and that is		, 10	d hour and from the causes stated
AL OR the h at DIR detached begin be		221 SIGNATURE Drop	o C. Har	DEGREE	ATTENDING PHYSICIAN DDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL etained by the TO FUNERAL should be deto with the Stote Information of the Contraction of the Co		WINTHRO	PC. DA	115, m	BON =		espital
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 8-3-84	KING MEM. P	rK.	RANDALLSTOW	
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	E.L. PHILLIPS	1721 N. MONR	ÖË ST.	AUG	TE REC'D. BY REGISTRABIZST. RI	Egistras's signitudes.



1		FOR STATE			EPARTMENT OF	HEALTH			1 8	3 3 5	U
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REET, REET,	3 SEX		t1tY	Lilly ATE OF BIRTH	ANDER	ARS IF UNI		DEATH A	MATED MONTH	1-84 19 DAY YEAR	M 24 HOUR
S NECESSARY, P. FASE FUNKRAL DIRECTOR. E. FOR YOUR FILES. DO, WITHIN 72 HOURS W. PRESTON STREET.		emale WH		Feb. 13	, 1898 86 v	10		MIN PRONOUNC DEAD	RE CITY OR COUP	1-84 NTY OF DEATH	7:50P
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MD. 21201 H. IF ANY DELAY IS NECES A. AND 3TO THE FUNER A. 3. RETAIN PAGE 5. FOR 2. SHOULD BE FILED, WITH TAK RECORDS, 201 W. PRE	130. S	TATE anyland	13b COUNTY	ier institution, Gr	re residence before admission 130. City or Jown 1	Salto!	YES NO	130. STREET ADDRESS	nia St.	21226	
3 E2863/WV	14. F.A	THER'S NAME Unknown	MIC	DDLE	LAST		15. MOTHER'S MAII	MIDI		LAST	
JRS AFTER DES GIVE PAGEE WITH FORM I PAGES JAN DIVISION OF	16a. V	VAS DECEASED EVER ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR C		217-38-06		17 INFORMANT Richard	D. LeBannon	ADDREBALTO 2 3608 N	inth St.	1225
W. PRESTON ST., WITHIN 24 HOUR ENCLI IN ITEM 18, MINNER ALONG W - IRANISI PERMIT IRANISI PERMIT. OR REMOVAL.		Conditions, if gove rise to couse (a) stating	VAS CAUSED BY: IMMEDIATE CA ony, which immediate g the under-	AUSE (a) Ar	rterioscler as a consequence	OF	cardiovas	cular disea	se	BETWEEN ONSE	T AND DEATH
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IIS CERTIFICATE SH WRITING THE WOR ARDED TO THE CL (GE 3 SHOULD BE UN TE DEPARTMENT CL 201 PRIOR TO BUR	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. EXTERNAL CAUSE WAS 217. EXTERNAL CAUSE WAS 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	PART 2)									
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EXAMINER: CERTIFICATE ULD BE FOR' , DIRECTOR: , WITH THE S	1	220. I certify that death resulted from ACTUAL SIGNATURE			cribed above, held an Accident Su	Autops	Homicide TITLE (SPECIFY) Assistant	Undetermined man	DATI	₹ 7 - 2	AMD. 214 HOUR 215 OP M MD. JSINESS RY IC 1225 TEINTERVAL ET AND DEATH P NOXIX
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH SALTIMORE,	22- 0	EXAMINER'S NAME (TYPE OR PRINT)			Korell, M. [ADDRESS11				
BP	(5	URIAL, CREMATION, PROPERTY BURIS	il 7	15/1984	Cedan H	ill (emetery	23d. LOCATION SITY OF TOWN Baltimon E REC'D. BY REGISTRAR	e, A. A.	Co., Md.	TATE
DHMH · 17 (VR A15 ME (5)) 20M 4/82	Ma	Cully Fune	enal Hom	es 420	Penningto	n Ave	26	15 1984	Lilia David	son Aandel	2.

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	W	44	tems #18-22a 10/1	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL IER'S CERTIFICATE	DEDEATH	1835	
	1		REGISTRAR ECEASED NAME FIRST (PE OR PRINT) Linda	MIDDLE JOANN	Anderson	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 7	
	N STREET	3. SE			ARS IF UNDER 1 YR. IF UNDER AY) MONTHS DAYS HOURS	R 24 HRS. 2c. DATE PRONOUNCED DEAD		24 HOUR 7:59
•	KIESSEN S. FOR CAN WITHIN	70	SIRTHPLACE (STATE OR OREIGN COUNTRY)	LISA	B. MARRIED NEVER MAR WIDOWED DIVOR	CED Baltimon	ror County of DEATH	AVE INTERVAL AND DEATH NO STATE
	DELAY IST TO THE FI N PAGE 5 18 FILED, DS, 201 W	12	Baltimore	II. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SINAI HOSPITAL OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	E, OR OTHER INSTITUTION	120 USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF BUSI OR INDUSTRY	
	MD. 21201 H. IF ANY DE 1. 2. AND 3.1 M. 3. RETAIN 0.2 SHOULD B 11AL RECORD	35 30.	STATE MD. 136 COUNTY		13d. INSIDE CITY LIMITS? YES NO [OAK AVE. 212	207
			HOMAS WAS DECEASED EVER IN U.S. ARME		N GLADYS	ADDRE		
	URS AFTER B. GIVE PARTIE WITH FOIL PAGES I DIVISION		YES, NO, OR UNKNOWN) (16 YES, GIVE WANNOWN) 18 CAUSE OF DEATH (Enter only	219-/U-/ ane cause per line far (a), (b), and (c).)	467 Thomas	Anderson 360	OF GWYNN OAK	AVE I
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEA RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM P BE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AN REDRATMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF REPRESENTED BURIAL, CREMATION, OR REMOVAL.	ION, OR REMOVAL.	PART I DEATH WAS CAUSED & IMMEDIATE Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	Indetermined	1 300			
	RECORDS. ID BE EXECTED BY WED BY A BUILD BY	C, CREMAT	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TER		PART 1 (a).	7D. AUTOPSY?	
	CERTIFICATE SHOUL TING THE WORD "POED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF HI	SE CE	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		NO [
	ESSE.	8 7	CONTRIBUTING CAUSE OF DE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
4	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STI	E, MARYLAND, 2	220. I certify that I taok charge death resulted from: Natural ACTUAL SIGNATURE	of the remains described above, held an causes X. Accident . S	Autopsy X, Inspect uicide , Hamicide TITLE (SPECIFY) M.D ASSITANT	Inquiry , Undetermined manner	and in my apinian], DATE 7/15/8	34
	O MEDICA XECUTE TI AGE 4 SH O FUNER (FTER DEA	ALTIMOR		garita A. Korell, M	ADDINGED.	Penn St., Balt	to., Md. 21201	
	BP_80	24	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL FUNERAL DIRECTOR	//20/84 ARBUTU	S MEM. PK	BAL TO	COUNTY STAT	/E
	DHMH - 17 (VR A15 ME)		LEROY O. DYETT	4600 LIBERTY H	GTS. AVE JU	L1 8 1904 Am	- Julianon - Maria	





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	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH		8 3 5 4
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40 16 Jr	J. 3C.	Female	White	Aug.	26 1 9 83	YRS.	10 17 HOURS MIN.
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	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, JOHNS HOPI	L, NURSING HOME O	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OF
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on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES)	cial security no.	Steven P. A	rentz 324 Crest I	Md. Lane, Westmins APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death n signed by the attend Then please remove ca r to burdi, cremation, c injury, at other traumoi	NO	gave rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (107	erdnig	- Hoffman L NOT RELATED TO THE TERM	DISEASE OR CONDITION GIV	6 mos
The low rion. to hos bee the pride	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERATION		YES NO YE	, WERE FINDINGS USED YING CAUSES OF DEATH? SNO
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R ATTENDIN haspital ar RECTOR: Afi red far use o spt. af Health fem 21 is mor		220 I certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did no	7/12	19 8 4 00		, to 7/13 death occurred on the date and hou	19 that (I) (we) la r and from the causes stated
Che h		226. SIGNATURE Pa	tijden			MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED 1 13 84
TO HOSPITAL of retained by the TO FUNERAL is should be deto with the State [IMPORTANT: If	22	NANCY PAT	RICIA DALO		Pediatric Neurolog	V. Wolfe St. Ba y Office, Johns Hopk	in Hospital
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/17/84		s Church Cem	McKnightstow	
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FI	NAME TOURTH	Myers W	estmen	ster net JU	E REC'D BY REGISTRAR 23 REGIST L 19 1984	BAR'S SIGNATURE AND A PARABLE

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STATE OF MARYLAND

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FOR

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



3041	1-	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE O	18	3	5 /
17		CEASED NAME FIRST	······	MIDDLE	1	AST		MONTH DAY	YEAR 2b.	HOUR
		HER	BERT	E.	ARM:	STRONG	JULY 2	8, 1984		100 PM
	3. SEX	(4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) # UNDE	RIYEAR IF L	UNDER 24 HRS
A (E AE)		Male	Whi		Apri		91	YRS.		
		OUNTRY)		WHAT COUNTR	Y? 8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	_	ATH	•
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urs aft		Baltimore AL RESIDENCE (IF NURSING HOME OR	3400	Oakens	haw PI	ace	Business	Mgr. (Driole	S
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120) NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours certending physician. After this certificate has been signed by the attending physician and completely filled in by an sthe burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in thand Mental Hygiene prior to burial, cremation, or removal. And Mental Hygiene prior to burial, cremation, or removal.	13a. S	MD 136 COUN	ITY	Balti	NWC	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS / 3400 Oake		Pl. 2	1218
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ST., BAL printicate g physicu on paper emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY:	r line for (a), (b)	and icit	i. Cosalue	in In	ostah	APPROXIMATE BETWEEN ONSE	AND DEATH
certs ribon ribon riceve		IMMEDIAT	E CAUSE (o)	Tres	co yay c	e calland	one of fin	7.0.40	1/2	ga
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ires 1 gned in ple buric ry, or		PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	PART Iro	
PRD ser sur	ō									
low low s bee	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERI		
TAL The ician the house pass possible shaw	RTIF	21a, ACCIDENT WAS UNDERLYING	1 21b. TIME C	NE INTITUDY		21. HOW BILLIAN OCCUPA	YES NO X	YES [0 🗆
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5 € 5 € 3 ₹		URIAL, CREMATION, REMOVAL	23b. DATE			METERY OR CREMATORY	23d LOCATION			
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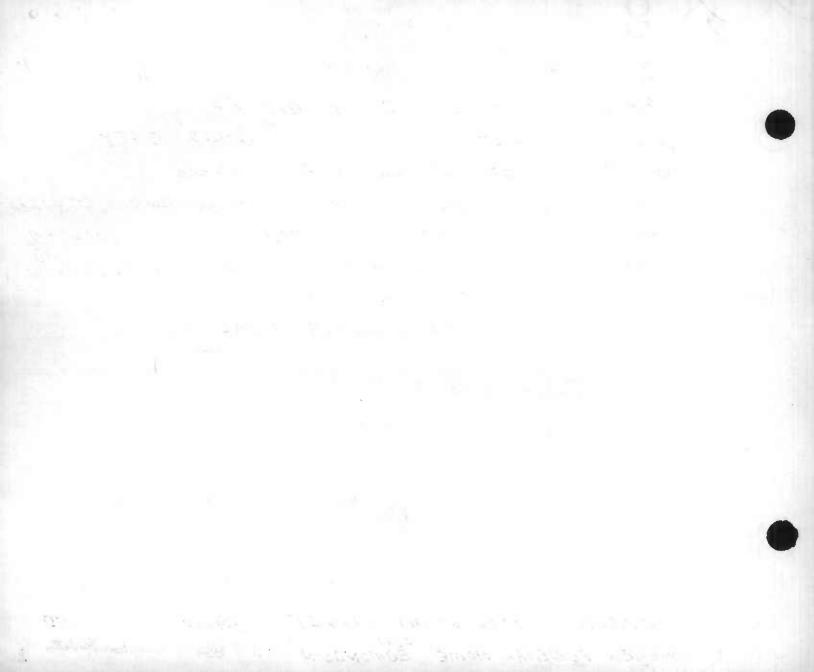
DHMH - 16 50M 4/83 (VRA 15, 4) Henry W. Jenkins Sons Co. 4905 York Road Balto., MD 21212

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

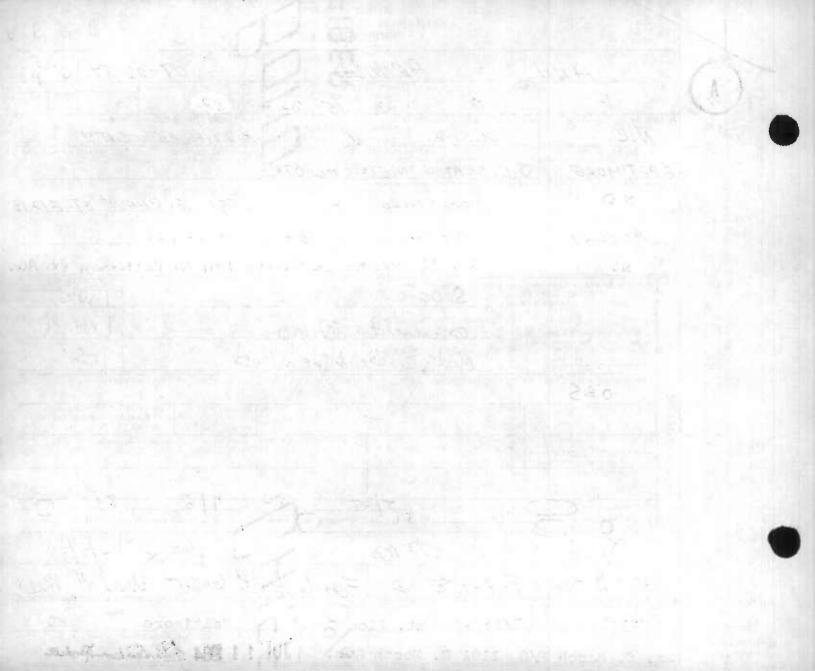
Julia Davidson Pandelle

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D	1	FOR - STATE REGISTRAR	STATE OF MA DEPARTMENT OF HEALTH A CERTIFICATE	AND MENTAL HYGIENE OF DEATH	REG. NO.	8 5 3	5 3
B _v 4		ECEASED NAME FIRST PE OR PRINT) JOSEP	H ARND	Ze. DATE O	F DEATH MONTH DA	8 4 26. F	HOUR P
O O O	3. 9		4 RACE 5. DATE OF BIRTH			UNDER I YEAR IF UP	INDER 24 HRS
ge 4 m		MALE	WHITE 8	1 1927 56	YRS.		MIN.
h. Po	5 70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	VER MARRIED 9. BALTIMO	ORE CITY OR COUNTY C	FDEATH	
deot funer thin 7	0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER	DIVORCED 13/1/A	OCCUPATION	126. KIND OF BUS	MD.
on softer de by the furtiled withing d	4	BALTO	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		RK EOR MOST OF WORKING LIFE)	INDUSTRY	3#4E33 OK
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E, MARY uted with complete 1 and 2	90	PAUL	ARNOT 1	MINNIE	WIDDIE	1 NGR	AM
e executed on comp	1 160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IE YES, G	(VE WAR OR DATES)	ORMANT	ADDRESS		RD.
LITIM e be cion c line he m	/	NO	212-22-8056 MA	RY GLOVER	4106 W	APPROXIMATE	
	7	PART I. DEATH WAS CAUS	inly one couse per line for (o), (b), and (c) ED BY: CAR DIO PUL MON ATE CAUSE (o)	VARY ARP	ES T.	BETWEEN ONSET	AND DEATH
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op refo	23	BURIAL, CREMATION, REMOVA		Y OR CREMATORY 23d. LOC		COUNTY	STATE
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(VRA 15, 4)	-	SEBER FUNE	ERAL HOME EDMONI	150N OUL I	דעע		



	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	1835
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
A A Softer de	3. SE	× F	4. RACE B S. DATE OF BIRTH MONTH DAY YEAR 3 15 06 78 YRS.	IF UNDER I YEAR IF UNDER 21 HRS
once of the second of the seco		IRTHPLACE (STATE OR FOREIGN	** CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTRY BALTIMORE CITY OR COUNTRY	CITY MD.
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should be	13o. :	AL RESIDENCE (IF NURSING HOME OR STATE	136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP COI 152/ E. CH	HASE STI 21213
amplete)		A5BURY	AIDDLE SHITH IS. MOTHER'S MAIDEN NAME FRST WITH HARRILL	LAST
L. Pages		NAS DECEASED EVER'IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 216-32-1440 ROSCOE Smith 1411 No Pa	
he attending physic emove corbon page enotion, or removal r traumatic event, i			y one couse per line to: (a), (b), and (c).) BY: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b). OSTECLMULE: (3) DUSTO, OR AS A CONSEQUENCE OF (b).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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State Des		22d. RHYSICIAN'S NAME (TYPE O	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	17/2/84
TO FUNE should be with the S	230	KEVIN SCOT	PERENTE MD Family Health Center 1 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1236, LOCATION	brivot ma.
		Burial	7/14/84 Mt. Zion Cem. Baltimore	COUNTY
- 16 50M 4/83 /RA 15, 4)		UNERAL DIRECTOR NAME C. March F	/H 1101 E. North Aye. JUL 1 1	STRAR'S SIGNATURE



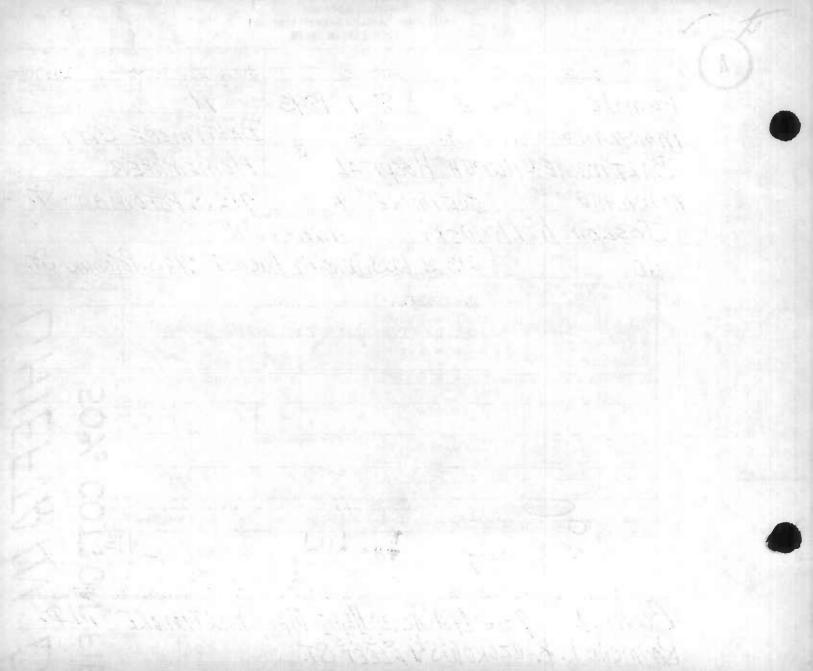
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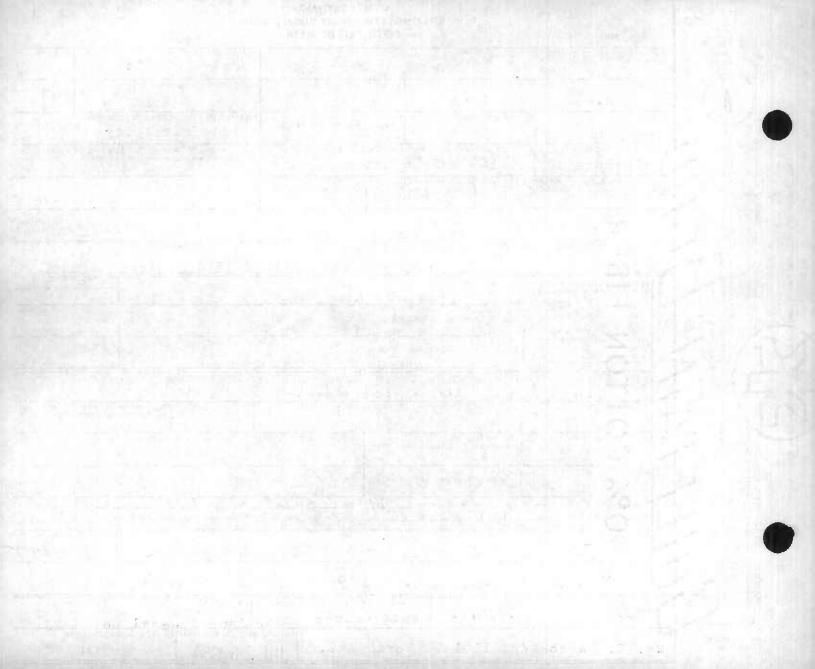
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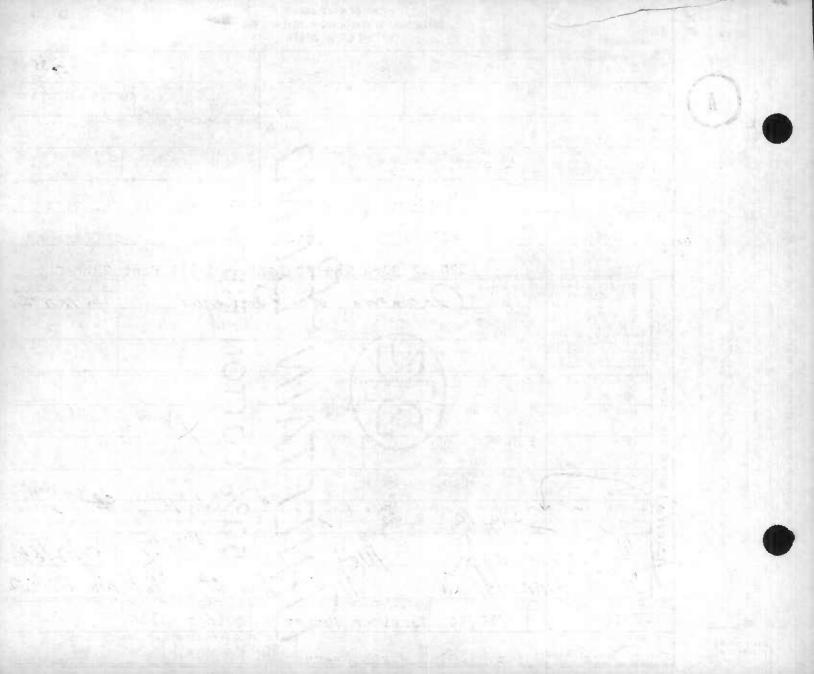


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



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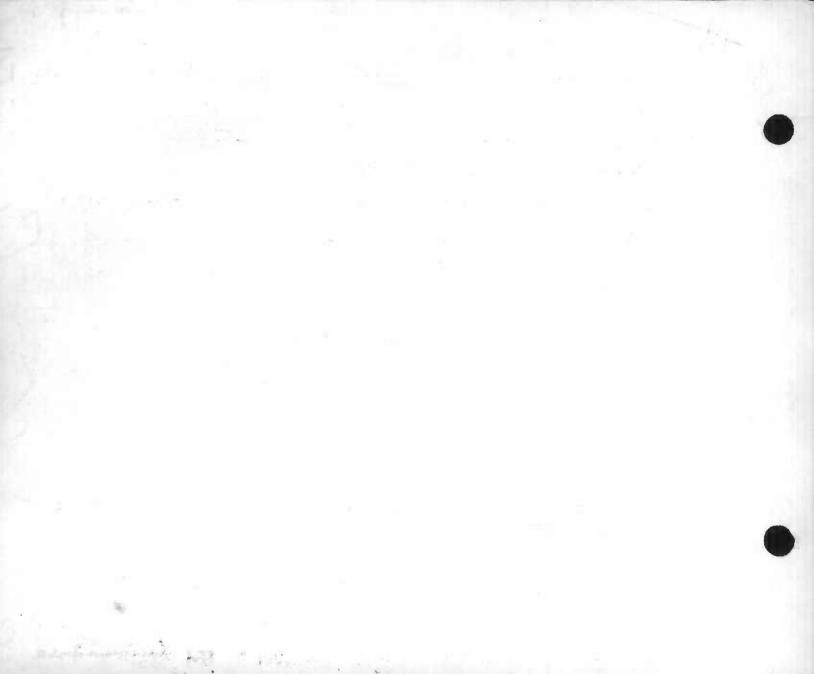
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYO	GIENE O	REG. NO.	£	0		
	CEASED NAME	FIRST		WIDDLE	t.	AST		20 DATE		ONTH	DAY YEAR	26 HO	UR
TYPE	OR PRINT)	MILTON	1	D.	BAIL	ЕУ			July	12,	1984	8:20	Oa .
3. SEX	X		4. RACE		5. DATE C			6. AGE (II	N YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR		R 24 HRS
	male		bl.	ack	7 MONTH	16	11		72	YRS.		HOURS	MIN.
	RTHPLACE (STATE	OR EOREIGN	7b. CITIZEN OF	WHAT COUNTRY	? 8	- TXNEVER	MARRIED -		ORE CITY OR		Y OF DEATH		
	aryland	1	U.S		WIDOWE	D D	NORCED [BLAT	IMORE C	CITY			М
10 CI	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL NURSI	NG HOME C	R OTHER INS	TITUTION		OCCUPATION		17b. KIND (IFE) INDUSTRY		IESS OF
100	LTIMORE			TCAL CEN	TER BA	LTO MI)	,,,,,,					
13a. S	AL RESIDENCE OF STATE	136 COUN		Reiste	WN	13d. INSIDE (CITY LIMITS?		t address / 2 Bond Av		e 21	136	
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NA	AME	WIDDLE		14	51	
	Alfred			Bailey		A.	r IN 31			N	Madden		
	VAS DECEASED E		MED FORCES?	166. SOCIAL SEC		17. INFORM	ANT		ADDRES	S			
	YES	(# 123, 014	C WAR OR DATES	218 18 1	936	Marth	a Bai	ley 1	4 Bond	A E	renue		
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	22a I certify that sow the dec		tol) oftended the July	deceosed from 19	84 or		19 <u>84</u>) (our) opinion		July 2,	e ond ho			toted
	22b. SIGNATURE	The	my V:	ngry	en	M D		MEDICA DIRECTO	NL STAFF OR PHYSICIA		77c. DATI	12/8	84
	THUY V	NGUYE		0		3900		iven B	lvd. Ba	lto.	Md 212	218	
	BURIAL CREMATI	ON, REMOVAL	23b. DATE 7/7/8				crematory Cemete		CATION ITYORTOWN Bltimo	re (COUNTY	Mc	STATE
24 Ft	UNERAL DIRECTO	R					25a. DA	TE REC'D. BY	Y REGISTRAR 25	REGIS	TRAR'S SIGNA	TURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm C March F/H Inc. 1101 E North Ave.



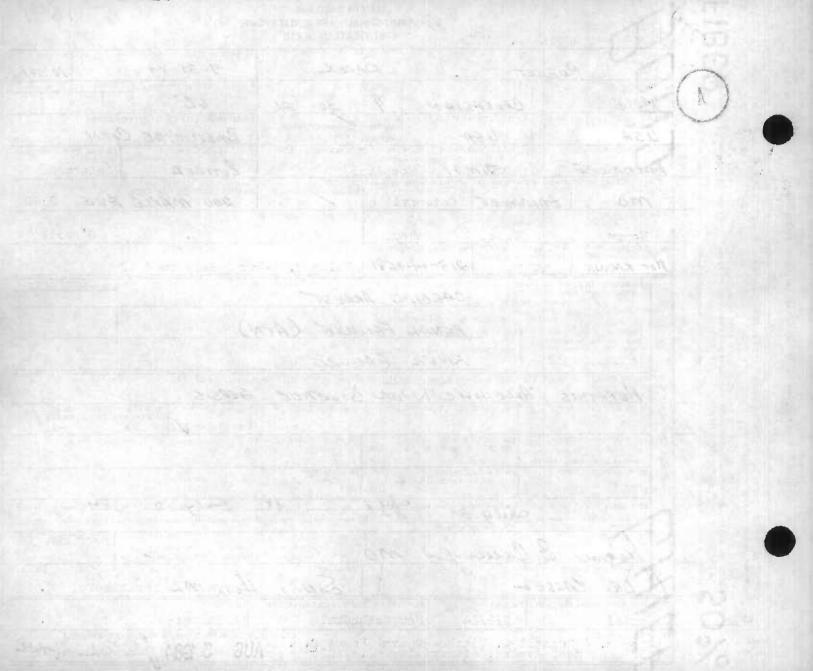


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J	3. SE	Х	4. RACE	5	DATE OF BIRT	Н	6. AGE (IN YE	ARS IF UNI		ER 24 HRS	2c. DATE		MONTH	DAY YEA	AR 2d. HOUR
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	160	WAS DECEAS					CIAL SECURIT	Y NO.	17. INFORMANT	.1		ADDRESS		JZOWSK	1
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	-10				(c)										
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	CERTIFICATION	190 DATE	OF OPERAT	ION	196 CON	DILION FOR	WHICH OPER	ATION W	AS PERFORMED?					20. AUTOPS	
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		ACTUAL	. A	AAA	(2N	X.			Assista	1			DATE	7-31-	-84
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Prist Address Carridon Consider Mo. Ve. Ovins Mile. Bairs., Mile. 20 : A Veilor Icc. 700 3, Consider St./ajiah

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,



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	nay be page 1		OR PRINT)	THAN 1. RACE	/	H.	BAL 5 DATE O	FURD. F BIRTH 1896	6. AGE (IN YEARS LAST BIRTHO)	7- 7-80	4/45pm
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YLAND 2120	bin 24 h	M	ARYLAND	b COUNTY		BALT IMOR	E	13d INSIDE CITY LIMITS? YES NO	13° 5715 PARKH	TS. AVE.	#21215
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ALTIMOS	e be exe	Y	18 CAUSE OF DEATH (PART I. DEATH WAS	YES GIVE WAR OR WAR OR		230-34-49			S. AVE. BA	LTO., MD	APT. 406 21215 ROXIMATE INTERVAL EEN ONSET AND DEATH
201 W. PRESTON ST	a that the death certil ed by the attenting p places remove carbon and, cremation, or rem or other traumatic ex-		Conditions, if ony, we gave rise to immed couse (a), stating underlying cause	thich diate the last	(c)	R AS A CONSEQUEN	ICE OF	78,0111) ar were	- 0	
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DIVISION OF VITAL	SING PHYSICIAN or offending phy After this certific on the burieth alth and Mental norked or ben 3	MEDICAL	OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. E certify that (I) (th	XAMINER) 21e (AT	PLACE (HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FAI	19	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE . that the twe) lost
•	AL OR ATTENUE of the hospital (AL DIRECTOR) defaulted for us of the Director of the U.S. If them 21 is, it is been 21 is, it is ann 21 is		saw the deceased abave, (*we) (did 22b. SIGNATURE	alive on (dd ot) view t				nd that in (nd) (our) apinion DEGREE M.D. ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DA	
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EXAMPLE TO THE REST OF THE PERSON OF T

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7a BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	2			9. BALTIMORE C	YR ITY OR COU		ATH		
(COUNTRY			MARRIE		MARRIED -		_				- 33
	aryland TY OR TOWN OF DEATH		OSPITAL, NURSII	WIDOWE NG HOME O		DIVORCED [12a USUAL OCCI	MORE C		(IND OF E	RUSINE	ME SS OR
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	Maryland THER'S NAME		Baltimo	ore	YES X	NO []	Baltimor	e, Mar	yland	212	215	
9. FA	FIRST	WIDDLE	LAST		IS. MOTHER	FIRST	MID	DtE		LAST		
	Isaac		Ball									
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	URITY NO.	17. INFORM	MANT	7Ĉ	06 Par	is Ro	ad		
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	18 CAUSE OF DEATH (Enter of	only one couse per	line for (a), (b), or	nd (¢+.)		0			86	APPROXIMA	TE INTER	VAL DEATH
	PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (a)	Dans	0110							- 11	
	MMCDI	TE CAUSE IU/										
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	Canditians, if any, which	((b)_	r as a consequ	JENCE OF								
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	gave rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OF	R AS A CONSEOU	JENCE OF	NOT RELATE	ED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN P	ART lig		_
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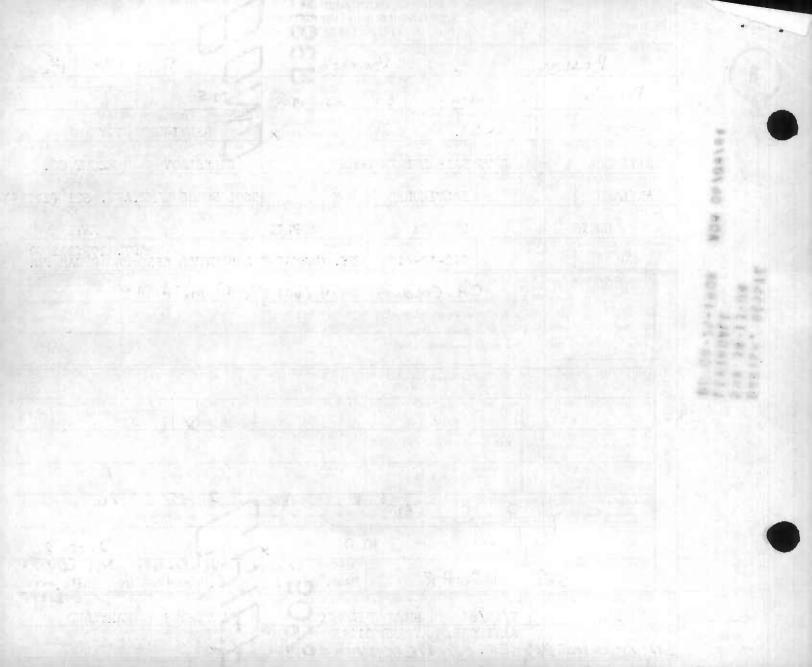
DHMH - 16 50M 4/B3 (VRA 15, 4)

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220. I certify that (I) (this hospital) attended the deceased from 19. , and that in (my) (our) opinion death occurred on the date and hour and from the causes state obaye, (I) (we) (did) (did not) view the body after death.	sow the deceosed olive on 19 , ond that in (my) (our) opinion death occurred on the date and hour and from the causes state oboge, (1) (we) (did) (did not) we the oddy after death.	Ched Dept		22b. SIGNATURE	Dec M	DEGREE	MEDICAL ACTAE	22c. DATE SIGNED
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2	FOREIGN COUNTRY)	USA		WIDOWED A	EVER MARRIED DIVORCED	Baltimor	e City		N
10.	CITY OR TOWN OF DEATH Baltimore	LIE NOT IN SUCH FAC	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) NK Street	OR OTHER INSTITU		SUAL OCCUPATION (T IR MOST OF WORKING LIFE)	PPE OF WORK	26 KIND OF BU OR INDUST	SINESS
13 a	UAL RESIDENCE (IF IN NURSING HON STATE, 136 COL	E OR OTHER INSTITUTION, GIVE INTY	RESIDENCE BEFORE ADMISSION BALLIMONE	N) 13d INSIDE	(ITY LIMITS? 13e ST	IREET ADDRESS Str	eet 2	1224	
14.	FATHER'S NAME	MIDDLE	LAST	15. MOTH	IER'S MAIDEN NAA			LAST	
-	Indrew		ranowski		melia				
100	(YES, NO, OR UNKNOWN) (IF YES, O	RMED FORCES? YE WAR OR DATES)	219-14-164			uski 2225 B		naat	
F	18 CAUSE OF DEATH (Enter	only one couse per line f		Juli		WILL EZE) D	ane se	APPROXIMATI BETWEEN ONSE	E INTERVAL
	PART I DEATH WAS CAUS		rterioscler	otic card	iovascula	ar disease		BETWEEN ONSE	I AND DEA
			S A CONSEQUENCE C	F					
1	Conditions, if any, while gave rise to immedia						_		
	cause (a) stating the underlying cause lost.	DUE TO, OR A	S A CONSEQUENCE C	F					10.5
	BADY 1 OTHER CICALIFICANY COMPLYIO	(c)							
Z	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BE	FI NOT KELATED TO THE TERMI	NAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 o				
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPER	TION WAS PERFOR	RMED?			20. AUTOPSY)
4 8					175			YES 🗌	NO XX
			MUURY MONTH DAY YEAR	21c. HOW INJURY	Y OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	IB PART OR PART	(2)	
MEDICAL	CONTRIBUTING CAUSE C		F INJURY (AT HOME.	21f. LOCATION					
AE	WHILE NOT WHILE AT WORK	STREET, FACTO	RY, FARM, ETC.)	STREET		CITY OR TOWN	COUN	NTY	STATE
	22a certify that I took cho	rae of the remains descri	ribed above held on	Autopsy .	Inspection X	Inquiry .	ond in my opir	nion.	
		IVV		tide , Homi		etermined manner],	mult	
	lu -	11 3 A	11/ 00		SPECIFY)	- LL			
1	SIGNATURE	Morte 1	will	M.D. Ass	istant ME	DICAL EXAMINER	DATE - SIGNED	7-27-84	
24	EXAMINER'S NAME		12 13 44		444.6				
230	(TYPE OR PRINT)	largarita A.	Korell, M.	ADDRESS_		Penn Street			
230	(SPECIFY) Burial	7-30-84	Holy Ros		eru f	LOCATION BULLO	COUNT	Md	ATE
	FUNERAL DIRECTOR	inneres.			250. DATE REC'D.		GISTRAR'S SIC		
3	ohn M. Weber &	Sona Inc.	401 S. Che	ter St.	AUG	2 DRA de	North.	men	
							Course (defice)	- Shubana	

ALL American X and Comment William -92-46 Value assess medican do. about the state of the second of the second



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(VRA 15, 4)

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0,	1.	FOR STATE REGISTRAR MARY		TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE B	8 3 7 0
M.	1. DE	CEASED NAME FIRST	MIDDLE	R	ARTI+		1984 26. HOUR
1	3 SE		4 RACE WHITE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
16		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY U.S.A.	/? 8 MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	Baltimore City OR COUNTY	OF DEATH y
10		altimore	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATION TIVING CHEE EXAMINE	126. KIND OF BUSINESS C
36	130_		JNTY 130 CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 412 Linda Av	e. 21090
20		THER'S NAME FIRST	MIDDLE Kobli		15. MOTHER'S MAIDEN NAM	ME	Yonjowski
6	1	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? INTERPRETATION INTERPRE		Joseph F.	Barth (same as	13e)
7		DADT I DEATH WALK CALLS	anly ane cause per line far (a), (b), of ETBS7 ATE CAUSE (a)		ADENUCAR	LEINDAR TO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Ty, or other representation	7	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUELLO, ORAS A CONSEQUENCE PULMU	UG .		MARKED MARKED INAL DISEASE OR CONDITION GIVE	
9	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	216. PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		saw the deceased alive a	oital) attended the deceased fram n	, ar	, 19	, ta, I leath accurred an the date and have	and fram the causes stated
1		22d. PHYSICIAN'S NAME (TYPE	e Pely		ATTENDING PHYSICIAN 2220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	230. E	URIAL, CREMATION, REMOVA SPECIFY) Tombment			emetery or crematory aven Mem.	Glen Burnie	COUNTY MONTH
781	24 FL	INERAL DIRECTOR Bal	to., Md. 2122 ce F.H. 4001	5	25a. DATE	REC D. BY REGISTRAR 255, REGISTR	

- 1985 -

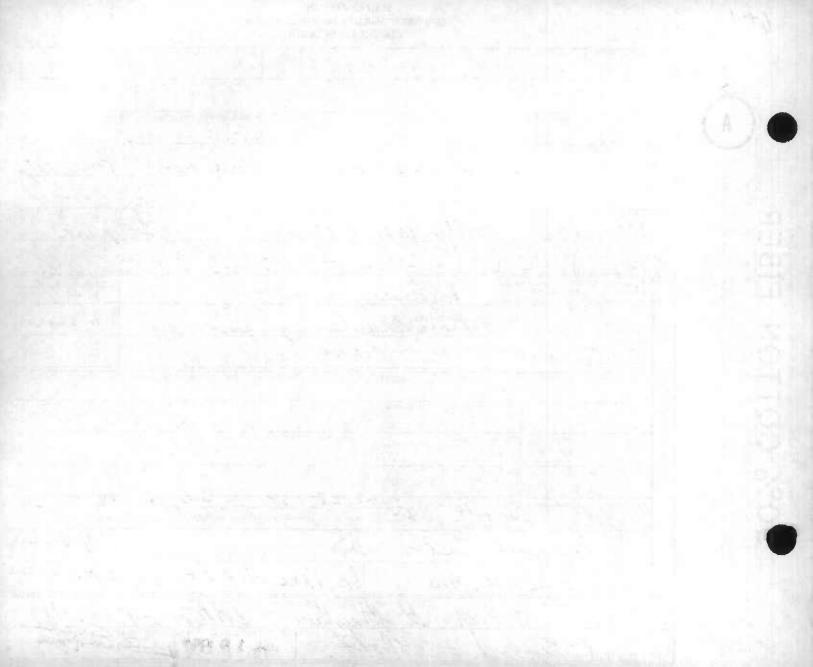
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217-20-3291 Joseph M. Darth (sandigs 13e) (J

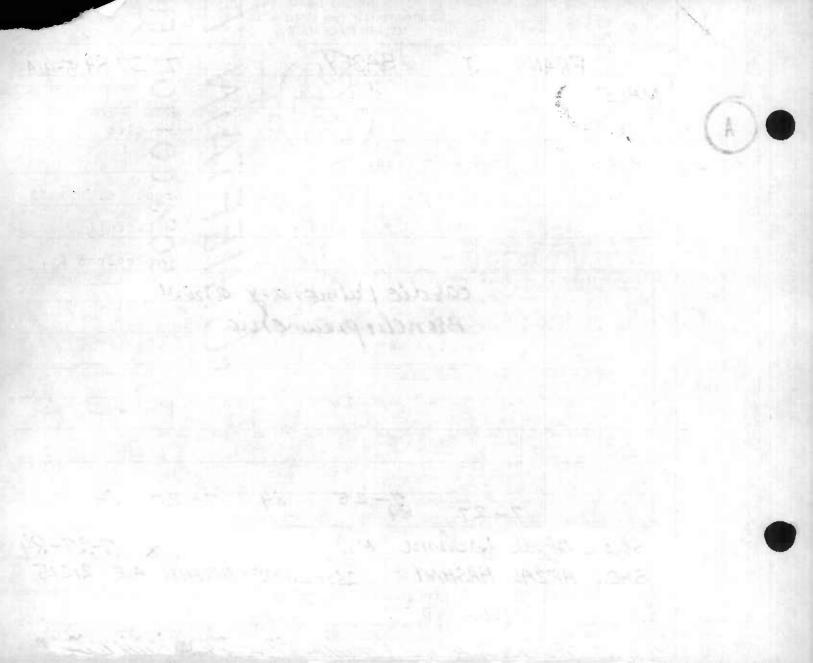
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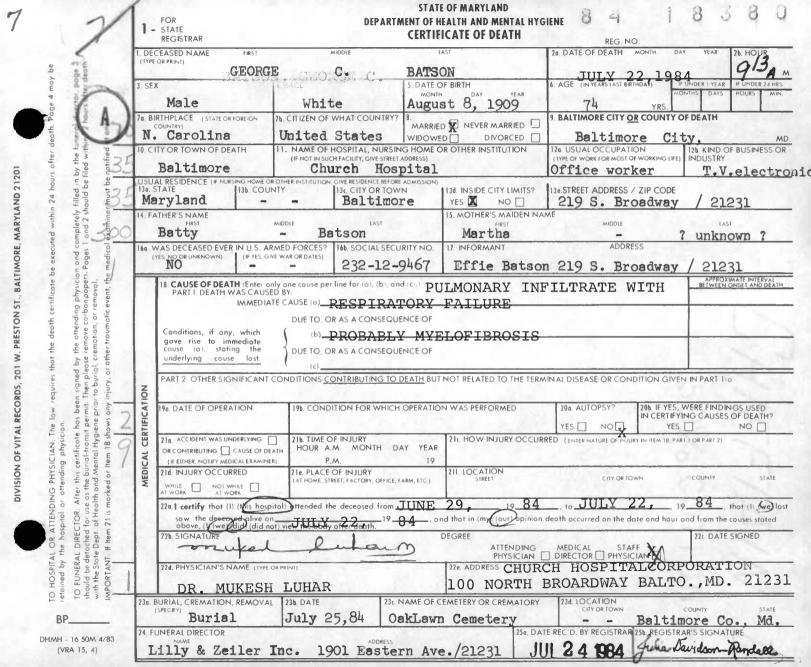
6+1 B	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B REG. NO.	183//
yy be		CEASED NAME FIRST LEO	Maple	Bartkowiak	20. DATE OF DEATH MON	7 15 84 10:40 M
bod bod	3. SE.	M	4. RACE W	5. DATE OF BIRTH MONTH DAY YEAR 0 9	6 AGE (IN YEARS LAST BIRTHDA'	YRS IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
11/25		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT USA	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (
by the filled wi		Baltimo re	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS) NOT Nursing Cent	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) 126. KIND OF BUSINESS OR
filled in rould be	USU.	AL RESIDENCE (IF MURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BI	FORE ADMISSION	124 STREET ADDRESS 930 Binney	st. 21220
red withir	14. F.	Stanislaw	Bartkou	riak Katherin	AME MIDDHE	Filipiak
on ond co	160.1	VAS DECEASED EVER IN U.S. A	RMED FORCEST 166 SOCIALS	0-14044615 Park	anor Nursing	Center Balto Md
rtificate I physicia propopers emoval.	(PART I DEATH WAS CAUS	nly one couse per line fourth, (b. ED BY. ITE CAUSE (u)	eralor arrest		MITWEEN COOK AND DEATH
te death ce e ottending move corbo mation, or r froumatic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSE	askeedes herry A	Diseas sever	o 5 grass
res that the property of the property of the property, and the property of the		couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	QUENCE OF A PO	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
ne law requi on. has been sig i permit. Thei ene prior tak	CERTIFICATION	19a. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
MSICIAN: TI ding physicid is certificate buriol-transit Mem tal Hygi		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN	
JG PHYS ottendin ter this c is the bur h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN spital or TOR: At for use of Healt		saw the deceased alive or	n The deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, to, to	, 19 , that (I) (we) last and hour and from the causes stated
ALOR ALOR ALDIRECTOR DIRECTOR DEPT. If Hem		27b. SIGNATURE AND	wel Lev	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17. 04 SIGNED 4
O HOSPITAL etoined by the TO FUNERAL should be deto with the Store MPORTANT. If		MANUEL L	EVIN, M.D.	6101PARK	HEBAVE.	BALTO MO 21215
PP	73u. 1	URIAL CREMATION, REMOVAL	7:18.84	30 HAME OF CEMETERY OF EREMATORY	23d LOCATION Currenter Deliversion	e Cety Udare
DHMH- 16 30M 2/80 (VRA 15, 4)	14.5	INERAL DIRECTOR	ADDRE		TE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SICHATURE



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om 219 S. Broadway / 81221	rdeE simble	1010-51-355	une state	
. M on storidies		y 25.8. Celium		

STATE OF MARYLAND

1 - STATE REGISTRAR		DEFARIA		CATE OF D	EATH	REG.	NO.			
1. DECEASED NAME FIRS		MIDDLE	t,	AST	- 100	20. DATE OF DEATH	MONTH	DAY	YEAR 247	2b. HOUR
	LIAM	FREDERICK	B	AUER		7-7-84	7	7	84	1010
3. SEX	4. RACE		5. DATE O		J. St. IX	6. AGE (IN YEARS LAST I	SIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS
Male	White		MONTH 2	28	O3	8	1 YRS.	MONTHS	DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		_	9 BALTIMORE CITY	11101	Y OF DE	ATH	
USA - MD.	USA		WIDOWE	NEVER M	ORCED	BALTIMOR	E CIT	7		M
10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C			12a. USUAL OCCUPA	TION	12b.		F BUSINESS O
BALTIMORE		AGNES HOS				Life Ins.			oustry etro	Life
	ME OR OTHER INSTITUTION COUNTY	136 CITY OR TOW Ellicott	N	13d INSIDE CI	TY LIMITS?	130 STREET ADDRESS 3258 C No		7	llic	ott Cit 21043
14 FATHER'S NAME	MIDDIE	LAST		15. MOTHER'S	MAIDEN NA	WE			LAS	ar and a second
William	E.	Bauer	-170		gnes			Му	rers	
160 WAS DECEASED EVER IN U.		166 SOCIAL SECU	RITY NO.	17. INFORMAL	NT.	ADD	RESS			-2-03
(YES NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	212 01 7	841	Ella E	. Baue	r Same	as 13e	2		
Conditions, if any, whice gove rise to immedia couse (a), stating the underlying cause las	h (b)	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE	44	lune.	N W	oh mek	to Liv	~		
PART 2. OTHER SIGNIFICA	ANT CONDITIONS CO		DEATH BUT	NOT RELATED	TO THE TERM	AIN AL DISEASE OR CO	INDITION G	IVEN IN I	PART 110	3
190, DATE OF OPERATION -27-84 210, ACCIDENT WAS UNDERLYIN	Ble	PECIL LA LEC	OPERATIO	fun		200 AUTOPSY?	2 IN CERT	IFYING (CAUSES	NGS USED OF DEATH? NO [
OR COLUMN THE CALLER	DE DE ATH HOUR A		AY YEAR		ALC:	RED (ENTER NATURE OF IN	BURY IN ITEM 18	PARTIOR	PART 2)	11
THE STHER NOTIFY MEDICAL EXAMPLE WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATIO STREET	Ν	CITY OR	TOWN	co	YIAUG	STATE
220.1 certify that the (this save the deceased all above, (ii) chart (chart (ch					, 19 (aur) apinion	deoth occurred on the	date and he	., 19 our and f		thot کمر (we) lo couses stated
77h SIGNADORE	A Cl	mi			TTENDING HYSICIAN [MEDICAL ST	AFF SICIAN A	22	7/	SIGNEDY 7/84

DHMH - 16 50M 4/83 (VRA 15, 4)

23b DATE 230 BURIAL, CREMATION, REMOVAL 7-10-84 Burial

23c NAME OF CEMETERY OR CREMATORY

Avenue Balto Md. 23d LOCATION CITY OR TOWN

STATE

24 FUNERAL DIRECTOR

Loudon Park Cemetery Baltimore MD.

1630 Edmondson Ave 250 Date REC'D. BY REGISTRAR'S SIGNATURE

1630 Edmondson Ave 1000 Davidson - Randale

Leroy M. & Russell C. Witzke Catonsville, MD

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MONTH DATE KNOWN (TYPE OR PRINT) DEATH MATED Harry Clinton Baugher 1619 84 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d HOUR 4 RACE SEX DATE LAST BIRTHDAY PRONOUNCED 6:05p White Male June 16, 1928 56 YRS DEAD 16 19 84 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland DIVORCED WIDOWED Baltimore City 126 KIND OF BUSINESS D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore University Hospital Construction Laborer ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1134 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 613 North Maple Ave. 21716 Maryland Frederick Brunswick 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Stull Harry Baugher Bel va 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 613 N. Maple Ave IYES, NO, OR UNKNOWN) 19)16-18)17 220-18-2585 Mrs. Shirley M. Walters, Brunswick, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO T 21n EXTERNAL CAUSE WAS 2 Mr. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR XXX MONTH DAY YEAR UNDERLYING TOR 1619 84 Subject jumped out window CONTRIBUTING CAUSE OF DEATH 211 LOCATION (AT HOME, 21e PLACE OF INJURY STATE COUNTY NOT WHILE AT WORK University Hospital, Balto. Md. hospita PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH Autopsy X 22¢ I certify that and in my opinian X Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy ChiefDICAL EXAMINER 7/17/84 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. 230, BURIAL, CREMATION, REMOVAL 236 DATE Burial Resthaven Memorial Gardens Frederick, Frederick, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Julia Davidson-Randell **DHMH - 17** al Home (VR A15 ME (5)

20M 4/82

THE RESIDENCE OF SHARE STREET, SHARE SHOWN AND SHARE SHOWN A SECTION OF STREET, THE SECTION OF SECTION SE the space of the U.S. July 100 to the trained space of the continue of the College Col

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FOR DEPARTMENT OF HEALT - STATE CERTIFICATION CONTROL CONTROL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

and	1	8	S	8	0
BEC NO					

1	REGISTRAR		CEKTIF	ICATE OF DEATH	F	REG. NO.			
Ì	1. DECEASED NAME FIRST	MIDDLE	ſ	AS1	2a. DATE OF DE		DAY YEAR	26. HOUR A	
1	(TYPE OR PRINT) JEI	ROME E.	E	BEACH	JULY	30, 198	34	12:05	
I	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
1	Male	White	10	10 1934	49	YRS.		NOOKS MIN.	
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COU	WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY OF DEATH				
	Texas	U. S. A.	A. WIDOWED DIVORCED		BALTIMORE CITY MD.				
3	BALTIMORE JOHNS HO		HOPKINS			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Com. Construction Self. Employ			
)	13a. STATE NIL COUN	Md. Harford Fallston			13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 3119 Hunt Rd. 2				
1	14 FATHER'S NAME FIRST	ERST MIDDLE 1AST			A	Kleypa	S		
	160 WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO. 17. INFORMANT		ADDRESS 3119 Hunt Rd.				
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 466		-50-4054 Mrs. Jean M		. Beach,	Falls	ton, Md	n, Md. 21.047	
	18. CAUSE OF DEATH (Enter only one couse per line to 10), (b), one PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a)			gtory Failure			APPROX BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF					2	WKS.	
	couse (o), storing the underlying cause lost DUE TO, OR AS A CONSEQUENCE (c)			Cell Carcinoma of lung			5 10	10 mos	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							0	
	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OP			100 WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO					
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)		
	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE	
	270 1 certify that (1) (this hospital) attended the deceased from 100 12 19 8 1 that (1) (we) last sow the deceased give on 100 19 8 2 and that in (1) (our) opinion death occurred on the date and hour and from the causes stated obove 100 we (did (did not) view the body after death.								
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/30/8							SIGNED 30/84	
	MC Bough M.D. (F5957) 600 N. WOLFE ST. BALTO. MD. 21205								
	23a. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATIO	TOWN_	COUNTY	3.F. a STATE	
	Burial	8-2-1984	St. Jo	has R. C. Ch.		0	Balto.	Md.	
	E.F. MA Lassam, 1175	FUNERAL DIRECTOR Final Director Final Date REC'D. BY REGISTRAR 356. REGISTRAR'S SIGNATURE Final Davidson - prince use Final Davidson - prince use							

DHMH - 16 50M 4/83 (VRA 15, 4) weather . If a extine entry

1	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	HYGIENE S 4	1 8 3 6 4
1. DE	ECEASED NAME FIRST	MIDDLE TO	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
3. SE		1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR OF UNDER 24 HRS
	FEMALE	Black	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
7n. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIMS - PINSC	12b. KIND OF BUSINESS OR
Usu		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	5? 13e.STREET ADDRESS / ZIP CO	1101-1
14. F	FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN	NAME MIDDLE MAR	AST 11
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECU E WAR OR DATES) 2.12.60	srage.		stone Court Maryland 21214
	PART I. DEATH WAS CAUSED	ly ane cause per line for (a), (b), one D BY:	110pulmonz	7388885	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUE	NCE OF	1 1 - 9-	Fi Jak
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
N N	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE I	ERMINAL DISEASE OR CONDITION (GIVEN IN PART 1(a)
CERTIFICATION	190 DATE OF OPERATION 7 · 1 · 8 4	196 CONDITION FOR WHICH SUBSTRACTION 12131-7 PC			YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM I	18 PART TOR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION	CITY OR TOWN	COUNTY STATE
			, ond that in (my) (our) apin	nion death occurred on the date and h	, 19, that (1) (we) last
	22h. SIGNATURE NIS	Solven -	DEGREE ATTENDIN PHYSICIA	G MEDICAL STAFF	22c. DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE OF		77) LINIVE	- 11	721
23o.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF CEMETERY OR CREMATO	DRY 23d. LOGATION	
	(SPECHY) Burial	The state of the s	butus Memorial P	CITY OR TOWN	timore, Marylan

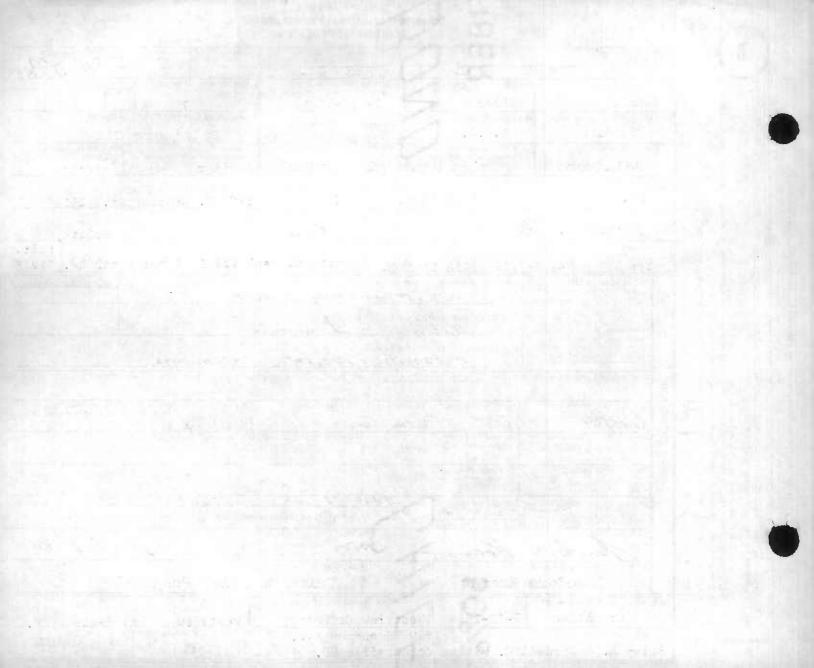
in in the state of the state of the color of the color Sutter & John Charles Hills Parish to Append to e neral home in . Boltherre, Marian 2015

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 70 DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED 28 DAMIAN Judha BEAVERS 1984 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHOAY PRONOUNCED Male White July 2, 1974 DEAD 1084 1.0 76. CITIZEN OF WHAT COUNTRY 7a BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland U.S.A. DIVORCED WIDOWED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Johns Hopkins Hospital Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore 2559 Liberty Parkway 21222 Dundalk YES [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Thomas R. Beavers Linda Marie Becker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 225,06,4063 Thomas R. Beavers same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Closed head trauma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? FORWARDED TO THE CHI TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND. \$1201 PRIOR TO BOR YES [NOX 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR XXX MONTH DAY UNDERLYING OR 5:28.M. 7-26- 19 84 CONTRIBUTING | CAUSE OF DEATH Bicyclist struck by auto. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) AT WORK AT WORK Liberty Pkwy. w. of Loganview Dr., Balto. Co. road TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. TO FUNKAL DIRECTOR: PA AFTER DEATH, WIGH CHESTY BAUTMORE, MARY CHESTY Inspection X Md. 220 I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my opinian death resulted fram: Undetermined manner Natural causes Homicide TITLE (SPECIFY) ACTUAL DATE 7-29-84 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21.201 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 07/31/1984 Baltimore, Maryland Oak Lawn Cemetery BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNALURA DHMH - 17 1984 AUG (VR A15 ME (5)) Walter Brooks Bradley, Inc. Dundalk, MD 20M 4/82

Estella Nancy Bechler
July 9, 1984
Baltimore City See Cert.#84-18692



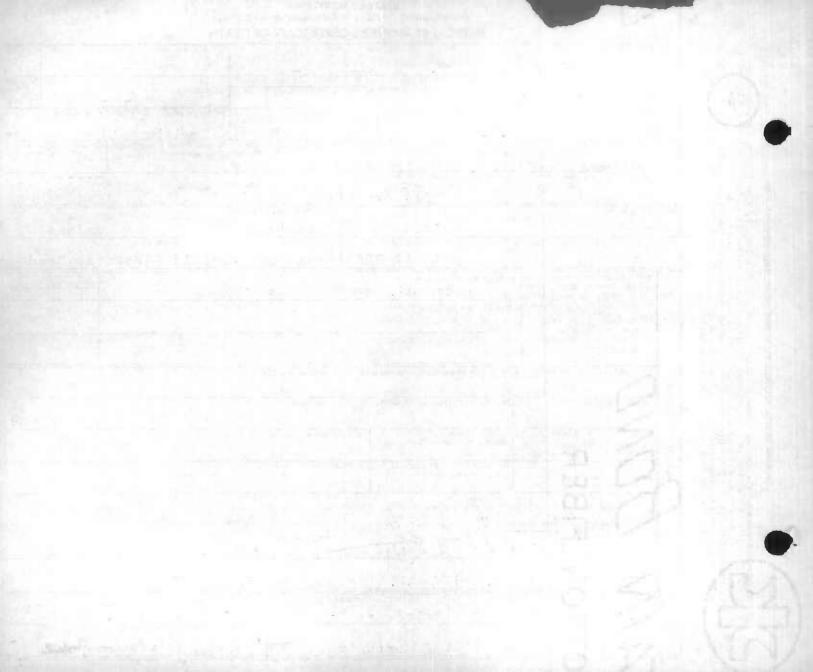


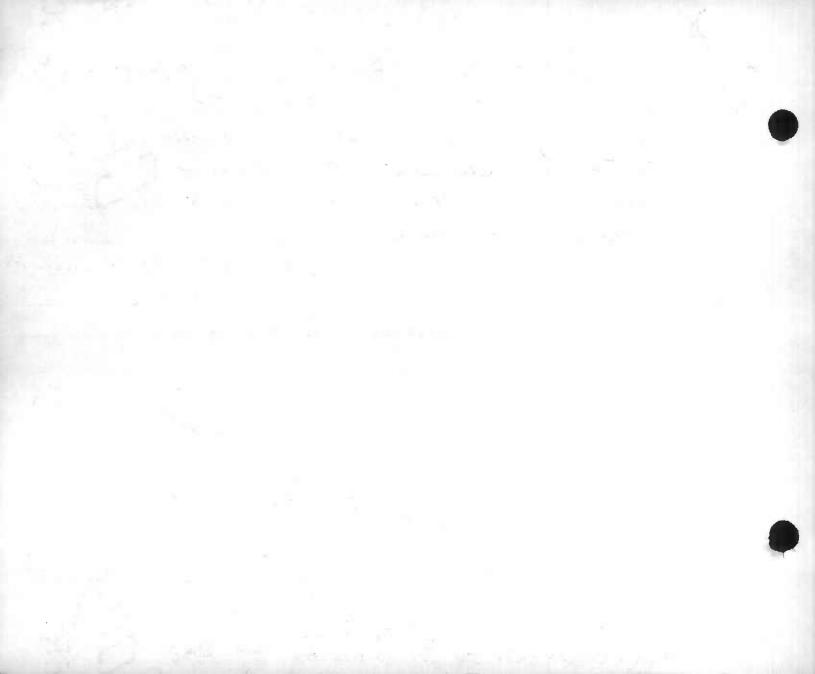


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) MARK JULY 22, 1984 Η. BEHRENS 12:35 IF UNDER I YEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IE UNDER 24 HRS 3 SEX 4 RACE "Jüly 7, 1956 White Male. TE BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Male U.S.A. BALTIMORE CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE NONE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 707 E. Gittings Ave. 21212 13a. STATE 136 COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Marvland YES KI 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST Jane Sparks James Edward Behrens 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b: SOCIAL SECURITY NO. LYES NO OR UNKNOWN Mr. J.E.Behrens 707 E. Gittings Ave 21212 216-66-9608 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Acidosis 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO [YES [21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC.) AT WORK NOT WHILE 9 July 22a I certify that (1) (this hospital) attended the deceased from, sow the deceased alive on and that in (my) our opinion death occurred on the date and hour and from the causes stated obove, (1) (e (did (did not) view the body ofter death. 226 SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ST. WOLFE BALTO: MPORT A. Lance MI) to 21205 July 23, 19843 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL Baltimore COUNTY Md STATE Greenmount K Cremation XXXXXXXXX 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND SECOND 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) Mitchell-Wiedefeld Home 6500 York Road 21212









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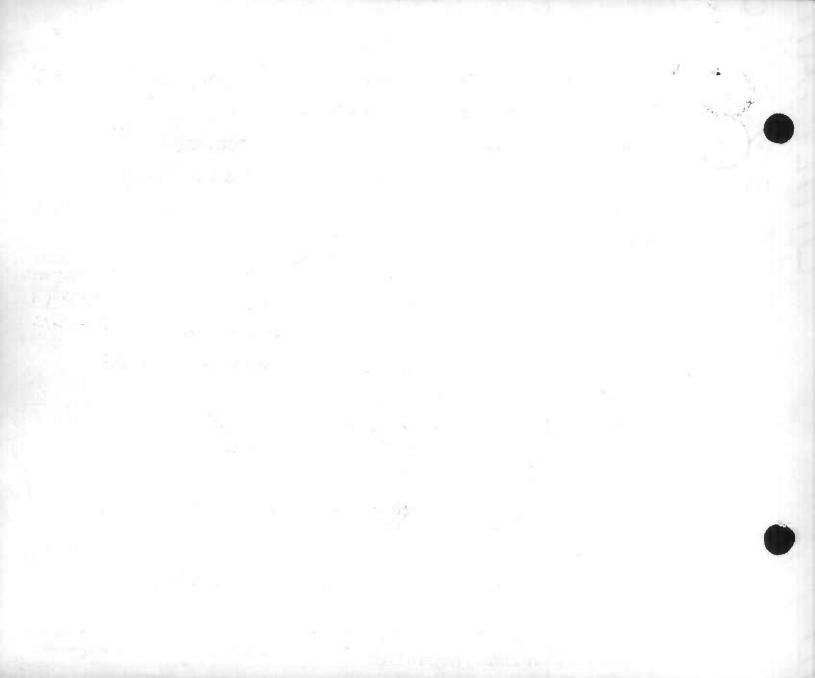
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

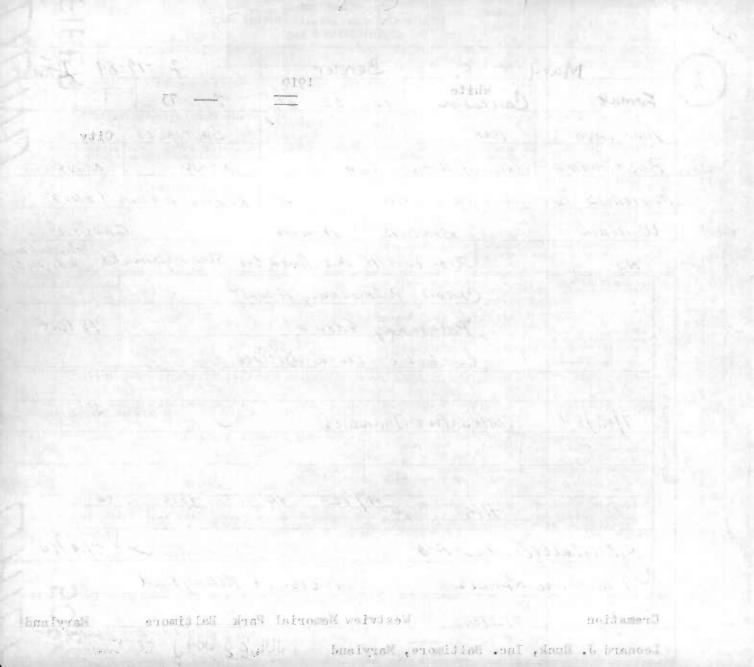
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REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	10.		
I. DECEASED NAME	FWS2	WIDDLE		LAST		MONTH DAY	YEAR 2b. HO	
A STATE OF THE STA	sMarvir	e Kimb	all Bel	1.	July 2	7 1984	-1 6	PM
3. SEX	4. RACE		5. DATE (OF BIRTH	6. AGE (IN YEARS DAST BE			DER 24 HRS
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M BIRTHPLACE (SINEOR		N OF WHAT COL	INTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF D		
Maryland	U.S	Α.	WIDOW	_	BALTIMO	RE Ci	ty	MD.
M CITY OR TOWN OF DE	ATH 11. NAM			OR OTHER INSTITUTION	120. USUAL OCCU		. KIND OF BUSI DUSTRY	INESS OR
Baltimore	# Y		1 Hospital		Huereker	or womano tire)	2031K1	
USUAL RESIDENCE (# NUR		TUTION, GIVE RESIDEN		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
Maryland	Baltimore	,	ward Height		3520 Kelox		21	1207
FATHER'S NAME	WIDDLE	_	AST	15. MOTHER'S MAIDEN NA	MIDDLE	2.000	LAST	
Andrew Burk	WIDDLE			Catharine 7			EAST	
(YES, NO OR UNKNOWN)	R IN U.S. ARMED FOR		AL SECURITY NO.	17. INFORMANT Stanley	Pell Tr	RESS	21	1117
NO OR UNKNOWN)	(IF TES, GIVE WAR ON D.	1	-36-5545	302 A Meadow	z Road	wines Mill		dand
18 CAUSE OF DEA	TH (Enter only one cou				THE STATE OF THE S		APPROXIMATE IN	TERVAL
PART I. DEATH \	WAS CAUSED BY: IMMEDIATE CAUSE	41. Pl-	1014 54	Stem Fails	ive		10 da	45.
		TO, OR AS A CO	NSEQUENCE OF				1 mor	n
Conditions, if on		(b) SCP3		Amonory a	spiration		1 mon	2/60
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underlying caus	- 005	affee		rolin Cardi	ocoscerler di	iscoscal	4-	
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B-KAMM 19a DATE OF OPERA TUNC 1 21a. ACCIDENT WAS UR	putatio,		Pt les	f.				
190 DATE OF OPER		ONDITION FOR	WHICH OPERAND	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER	E FINDINGS U	SED EATH?
E JAME 1	2,1984 A	t foot o	langres	ne.	YES NO	YES 🗌		
210. ACCIDENT WAS U		UR A.M. MON	ITH DAY YEAR	1 21c HOW INJURY OCCUI	RED SENTER NATURE OF INJ	URY IN ITEM 18 PART 1 O	R PART 2)	
OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19		747			
IF EITHER NOTIFY MEE	RRED LIA 21e F	LACE OF INJURY	OFFICE FARM FTC	21f LOCATION STREET	CITY OR T	OWN C	OUNTY	STATE
MHILE NOT W	/HILE							
) (this hospital) often				10 July	27 19	84, that (1	, ,
sow the deceo obove, (I) (we)	sed olive on (did) (did not) view the	body after deat	h. 19 - 34 . 4	nd that in (my) (our) opinior	deoth occurred on the	dote and hour and	from the causes	stoted
226. SIGNATURE				DEGREE			22. DATE SIGNE	ED .
(r by	essan Ara	25		M-D ATTENDING	MEDICAL STA		7/27/	84.
22d. PHYSICIAN'S N	AME (TYPE OR PRINT)	ONLINE		22e ADDRESS	- 0	- 44.4		
6-11AS	SSAN A	MHIST		1 4.M.H	b.0.20	X 坎 / .		
23a. BURIAL, CREMATION	, REMOVAL 23b. D	ATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COU	NTY	STATE
Burial	7-3	1-84	Meadowr	idge Mem. Park	Baltimore	Hwan	d Co Mary	
24 FUNERAL DIRECTOR	Loring Byen				TE REC'D BY REGISTRAL	R 256, REGISTRAR'S	SIGNATURE	20_
8728 Liberty					2 0 1004	_ Davids	Mr-Mailans	

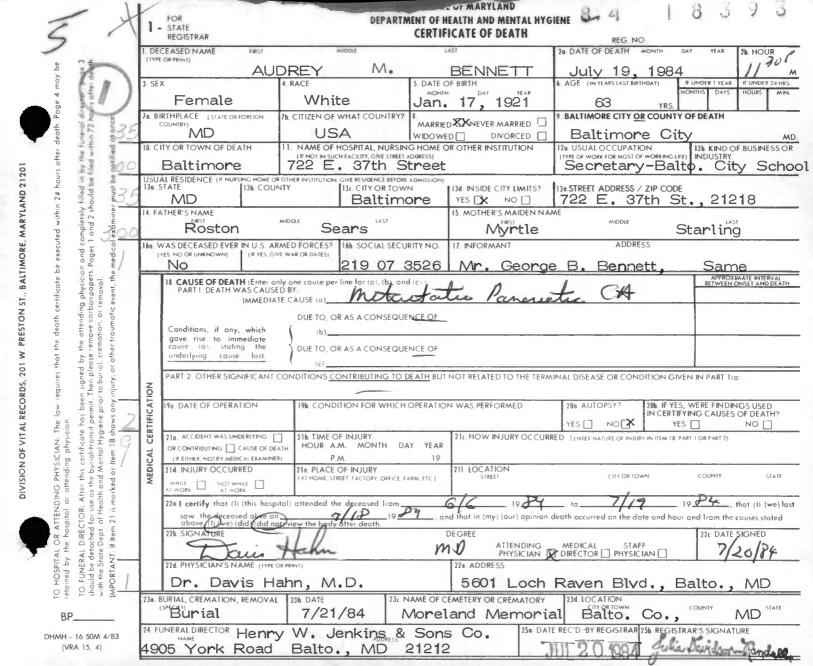
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BENTON

MARRIED NEVER MARRIED

113d. INSIDECITY LIMITS?

15 MOTHER'S MAIDEN NA

LAST

5. DATE OF BIRTH

MONTH

WIDOWED'S

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DELORES

13c. CITY OR TOWN

Baltimore

WHITE

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

21

DIVORCED |

NO [

20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
	7	7	84	112	45 AM
6. AGE IN YEARS LAST BE	RTHDAY)		NDER 1 YEA	R IF UNDE	R 24 HRS
63	YRS	MON	THS DAY	HOURS	MIN.
9. BALTIMORE CITY	OR COUN	ITY OF	DEATH		
BALTIA	MORE				MD
BALTIA 120. USUAL OCCUPAT 17YPE OF WORK FOR MOSTI Homemaker	ION of working		12b. KIND INDUSTR	OF BUSIN	MD ESS OR
12a. USUAL OCCUPAT	OF WORKING	S LIFE)	NDUSTR		

Bradley Harrison		Cavey	Carme	lia	WIDDLE	Bre	elio
60 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	213-12-8945	Bradley J.	Benton	2349	Ave.	21230
PART I. DEATH W.	I (Enter only one cause per AS CAUSED BY: IMMEDIATE CAUSE (a)	1 10010	PULMONAR	y ARR	EST	APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
Conditions, if any, gove rise to imm cause (a), stating underlying cause	which (b)	R AS A CONSEQUENCE OF METASTA	ATIC C	A			

YES N

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

19 21f. LOCATION

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated

774 PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE 22e. ADDRESS

STREET

ATTENDING MEDICAL **PHYSICIAN** DIRECTOR | PHYSICIAN 22c DATE SIGNED

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

GIRALT

220.1 certify that (I) (this haspital) attended the deceased from

saw the deceased plive an above, (I) (we) (did) (did not) view the body after death.

300

S. HANOVE 23d LOCATION

CITY OR TOWN

BALT

NO F

STATE

BP

FUNERAL DIRECTOR:

DHMH - 16 50M 4/82 (VRA 15, 4)

should be with the S

Buria1 24 FUNERAL DIRECTOR

23c. BURIAL, CREMATION, REMOVAL

190 DATE OF OPERATION

21d. INJURY OCCURRED

22b. SIGNATURE

NOT WHILE

FOR - STATE

I. DECEASED NAME

LIYPE OR PRINTI

3. SEX

REGISTRAR

FEMALE

70. BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

GALTIMORE USUAL RESIDENCE (IF NO

Maryland

Maryland

14 EATHER'S NAME

medico

p

00

MPORTANT:

CERTIFICATION

FIRST

WOODLAND

136 COUNTY

4. RACE

7/10/84

23c. NAME OF CEMETERY OR CREMATORY Lake View Mem. Park

Carrol1 Sykesville Md. 250. DATE REC'D. BY REGISTRARIZS, REGISTRAR'S SIGNATURE

21229 ADDRESS Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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2	1	FOR - STATE REGISTRAR			DEPARTM	STATE OF MENT OF HEALTH	AND MENTAL HY	GIENE 3	ಷ್ಟ) REG. NO.		8
		DECEASED NAME	FIRST	MIDDLE		LAST		20. DATE OF I			
€ B		J. J	BONNIE	MAE		BER	E	JULY	22,19	84	_
Z Z	1 3	SEX	4. R	ACE		5. DATE OF BIRTH	Н	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF U	
8 9		Female		White		May 19	1949 YEAR	35	Υ	/RS	TH5
6 b	1 170	BIRTHPLACE (STATE OF	FOREIGN 76 (ITIZEN OF WHAT	OUNTRY?	8. MAPPIED ST	VEVER MARRIED	9. BALTIMOR	E CITY OR COL	UNTY OF	DE
- to s		iaryland		U.S.A.		WIDOWED	DIVORCED [BALT	IMORE	CIT	Y
1 1	47/10	CITY OR TOWN OF DE		NAME OF HOSPITA			ER INSTITUTION	12a USUAL O	CCUPATION FOR MOST OF WORK		12b.
201	30	BALTIMO		THE JOHN			OSPITAL	Waitre			Re
2 2	1000	SUAL RESIDENCE (IF NUE	SING HOME OR OTHE	R INSTITUTION GIVE RES	DENCE BEFORE	ADMISSION)					

KIND OF BUSINESS OR USTRY estaurant 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Frederick 113d. INSIDE CITY LIMITS? Maryland 4329 Middlepoint Road 21773 Mversville 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE LAST MIDDLE Bertha Earley Harry Bere 4329 Middlepoint Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Earl W. Bere, Jr. Myersville, MD21773 217-56-1016 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

21f LOCATION STREET

CITY OR TOWN

STATE

NO [

26 HOUR 9:30A

IF UNDER 24 HRS

RIYEAR

ATH

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

DEGREE ATTENDING MEDICAL PHYSICIAN [

77# ADDRS

DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23b. DATE

22s.1 certify that (1) (this hospital) attended the deceased fram

NOT WHILE

the deceased olive an.

Burial

23c NAME OF CEMETERY OR CREMATORY St. John's Lutheran

STATE

FUNERAL DIRECTOR Ricketts Funeral Myersville, MD 21773 Home

July

25,1984

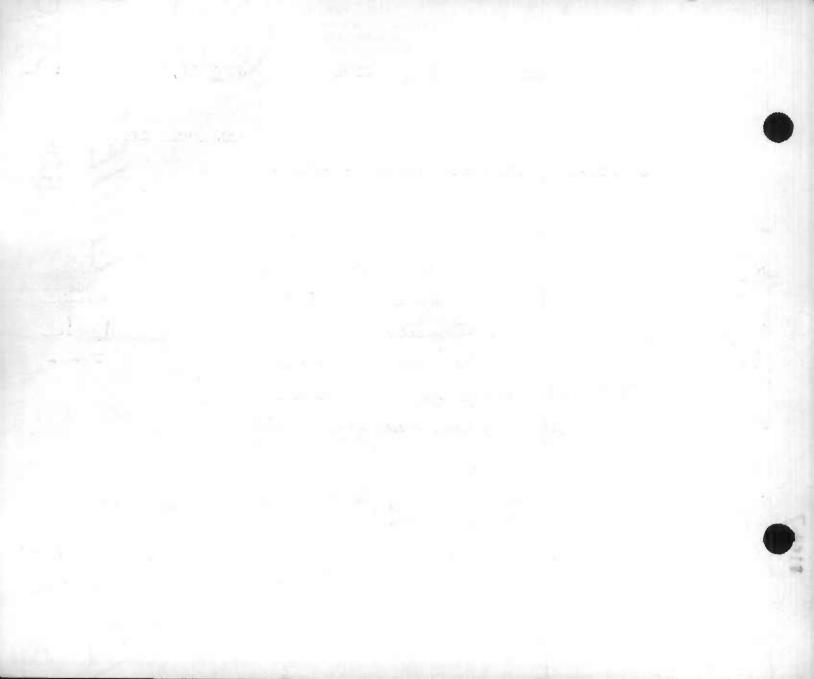
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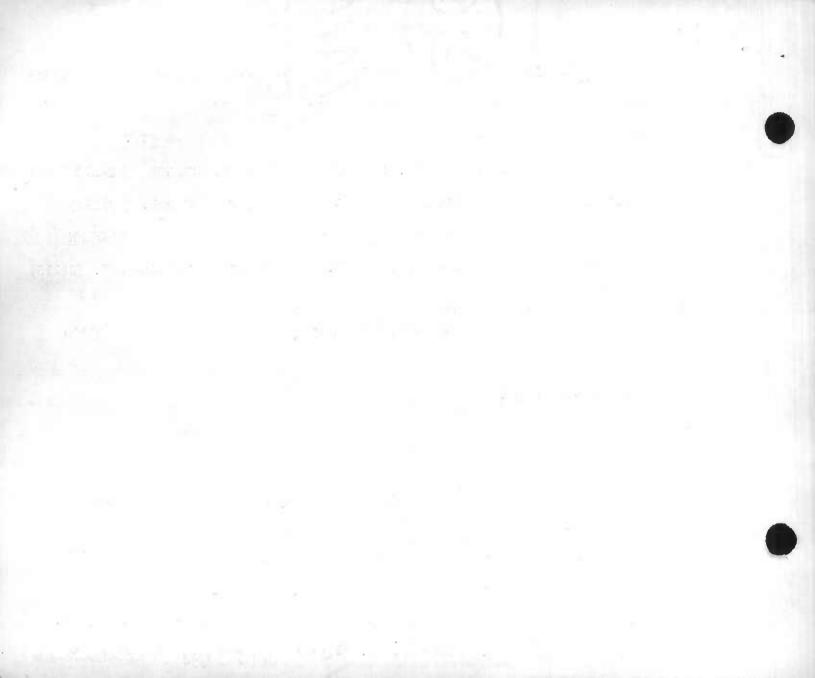


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9	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYI EALTH AND ICATE OF	MENTAL HYGI	IENE 8	REG. NO	Indiana de la compansa de la compans	8 3	9	9
- 1		CEASED NAME FIRST		NIDDLE	ı	AST .		2a DATE OF C	DEATH A	ONTH D	AY YEAR	2b. HOU	JR
-1	(,	_SOLOMO	DN		BERM	1AN		JULY 1	16,19	84		2::	15Pm
	3 SEX		4. RACE		5. DATE C		YE AR	6 AGE (IN YEA	ARS LAST BIRTH		IF UNDER I YEAR		R 24 HRS
		MALE	WHITE			8,19	10	74		YRS			
17	7a. BII	RTHPLACE (STATE OR FOREIGN RUSSIA	76. CITIZEN OF V	what country? A	8. MARRIEI WIDOWE		MARRIED	BALTIMORE CITY BALTIMORE CITY					MD.
0		TY OR TOWN OF DEATH BALTIMORE	3903					126 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ELECTROPLATER BALTO RUS					
25	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE MARYLAND 136 COUI	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130. CITY OR TOW BALTIMO	ORE	13d. INSIDE	CITY LIMITS?	13e.STREET AL			(2121	.5)	co.
201	14. FA	THER'S NAME ELLIOT	WIDDLE	BERMAN	V		'S MAIDEN NAA SE	ΛE	WIDDIE		UNKNO	ast)WN	
	16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECU		17 INFORM			ADDRES	S			
	,	NO		213-09-9	9042	MRS.	SELMA B	ERMAN	3903	GLEN	AVE.	(212]	15)
ź.	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI				INAL DISEASE		20b. IF YES,	EN IN PART I	INGS USE	D	
4	TIF								NOXX	YES		NO [
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR		NJURY OCCURR	ED (ENTERNATI	JRE OF INJURY	IN ITEM 18 PA	(RT I OR PART 2)		
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		220.1 certify that (1) (this hosp saw the deceased alive or above. (1)	ital) attended the	e deceased fram	84	nd that in (my		death occurred	on the dot	e ond hour	-	, that (I) (ne causes st	
		Thelast	FROM Y	2	M	DEGREE	ATTENDING PHYSICIANXX	MEDICAL DIRECTOR	STAFF PHYSICI			TE SIGNED $17/84$	
1		22d PHYSICIAN'S NAME (TYPE) MICHAEL	RUDIKOF	F		22e ADDRE	ss 2 W. COL	D SPRI	NG LA	NE (21210))	
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	7/17/8			COB CE	CREMATORY	FINK		G, CAF	RŔŎĽL,	MD.	STATE
			L LEVING	SON & BRO BALTIMON	OS. RE, MD	. (212		REC'D. BY RE		Sh. REGISTE		ATURE	102



and Mental Hygiene prior to burial, cremation, ar remayal.

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JIAIL OF MARTERIO		
EPARTMENT OF HEALTH AND MENTAL	HYGIENE	
CERTIFICATE OF DEATH		

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND	MENTAL HYG DEATH	IENE O	REG. NO		0		
	CEASED NAME OR PRINT)	EVA	, , , , , , , , , , , , , , , , , , ,	MDDLE		NSTEI	N		July		984	1	Z: 35 M
FI	× EMALE	4	WHITE		JUL"		/89/ 1-305	82	EARS LAST BIRTH	YRS.	MONTHS		URS M.M.
	RTHPLACE (STATE OR F ENNSYLVANIA		USA	what country?	WIDOWE	D	MARRIED XX	BALT	TMORE	CIT		лн	MD.
	BALT IMORE		UNION	OSPITAL, NURSING HEACILITY, GIVE STREET A MEMORIAL	HOSP		STITUTION	(TYPE OF WOR	OCCUPATION REPORT OF CRETAR	WORKING L	IFE) INDU	CIND OF BU USTRY USINES	SS OR
13a. S MA	AL RESIDENCE (IF NURS STATE ARYLAND ATHER'S NAME	13b COUNT		BALTIMO	7	YES X	CITY LIMITS?		ST. P			#212	18
	eirst UNKN(NWC		RNSTEIN			FIRST	U	NKNOWN			LAST	
0	VAS DECEASED EVER YES NO OR UNKNOWN) NO		WAR OR DATES)	192-03-0		17 INFORM		RS. JO INGFOR			086	107	BRENT
	PART I. DEATH W Conditions, if ony, gove rise to imm couse (a), statin underlying couse	MAS CAUSED IMMEDIATE which nediate ig the	DUE TO, OF	pulmo RAS A CONSEQUE	nauy NCE OF MÍC C	edem ardio	nyopat	hy					
MEDICAL CERTIFICATION	PART 2 OTHER SIGN			ONTRIBUTING TO D				200 AUTO		20b. IF YE	ES, WERE	FINDINGS AUSES OF I	
ICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	P. <i>I</i>	M. MONTH DA M.	Y YEAR		INJURY OCCURI	RED (ENTERNA	TURE OF INJURY	IN ITEM 18	PART I OR P	ART 2)	
MED	AT WORK AT WOL	RK		EET, FACTORY OFFICE FA		21f LOCAT		a	CITY OR TOW	/N	COU	NIY	STATE
	saw the decease above, (1) we)(c	ed olive on_	Jule	17 19	84,00		y) (aur) opinian	death occurre	ed on the do	te and ha		om the caus	
	22d PHYSICIAN'S NA	/icfo	ra O	Varie	h_	MD 122e ADDR	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		220.	7/17	184
	VICTORIA			I.D.			ON MEMO	RIAL H	OSPITA	J.	ba	lto.,	md

DHMH - 16 50M 4/83

10 FUNERAL DIRECTOR: should be detached for use with the State Dept of Hea MPORTANT: If Hem 21 is

SOL LEVINSON & 24. FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD (VRA 15, 4)

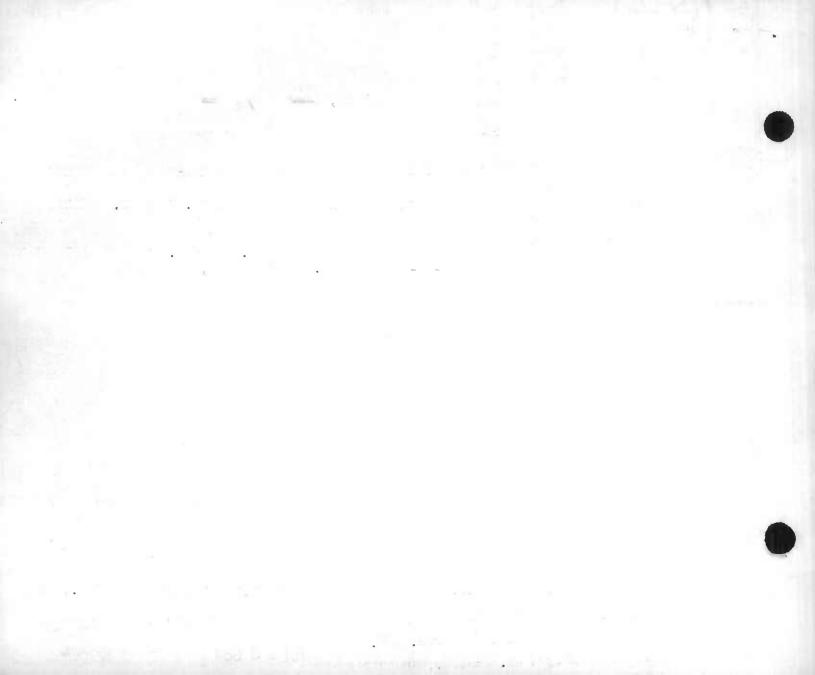
230 BURIAL, CREMATION, REMOVAL (SPECBURIAL)

CHIZUK AMUNO

23d LOCATION
CITY OF TOWN
BALTIMORE 231. NAME OF CEMETERY OR CREMATORY

COUNTY

23h. DATE 7/18/84

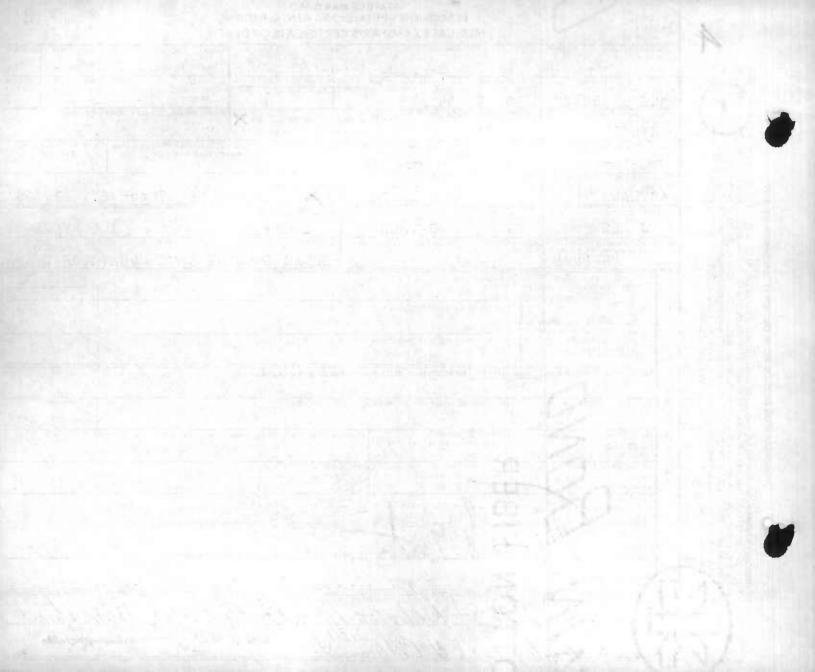


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



1-	STATE			DICAL EXAMIN					0	bel U	Cap
	REGISTRAR ECEASED NAME	FIRST		WIDDLE		AST	20. DAT	REG. NO.	MONTH	DAY YEAR	Zb. HOU
(1)	PE OR PRINT)	James		В.		thune	DEA.	TH MATED	7	20 1984	
3. SE			DATE OF BIRTH	6. AGE (IN Y LAST BIRTHI	DAY) MONTH	DER 1 YR. IF UNDER	MIN PRONC	ATE DUNCED AD	MONTH	20 1984	2d HOU 2 PI
70.1	RIRTHPLACE (STAT	BLACK	10 1 76. CITIZEN OF WH		RS.	D NEVER MARR	0.000	IMORE CITY OR	COUNT		1
MA	RYLAND		AZU		WIDOW		ED Ba	ltimore	City	7,	M
	Baltimor	e	Univers	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) SITY HOSPIT	al	r institution	12a USUAL OC FOR MOST OF V	CUPATION (TYPE (WORKING LIFE)	OF WORK	12b. KIND OF BI OR INDUST	
13a. M /	RYLAND	13b. COUNT		RE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN BALTIMOR		YES NO	13405 M	ORESS ICUNTMO	OR (CT. 21	217
	JAMES		MIDDLE .	BETHUN		IS. MOTHER'S MAIDE FIRST BEULAH	EN NAME	WIDDIE		CONYE	
160	WAS DECEASED I YES, NO, OR UNKNOW! UN	EVER IN U.S. ARM Y) (IF YES, GIVE W CNDUN		16b. SOCIAL SECURI		17. INFORMANT BEULAH C	ONYERS	L405 M	OUN.	TMOOR	
Г	18 CAUSE OF I	DEATH (Enter only IH WAS CAUSED	PAY .	for (a), (b), and (c).)	2 6					APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEAT
NOI		TYM		PUT NOT RELATED TO THE TER			RT 1 (a)				
CERTIFICATION	190, DATE OF O	PERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY YESXX	
MEDICAL CERT		OR CAUSE OF DE	EATH 3:45P.M.	7 19 19 8	AR	winjury occurre Subject sh		F INJURY IN ITEM 18 PA	RT 1 OR PAI		
MED		NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	ST	REET 8 Argyle A	ve. Ba]	to.,	cou	JNTY	Md.
	220 certify death resulted	1 11	of the rempins of	Acquident	Autaps	Hamicide X.	Undetermined	manner .	іп ту ар	nnian	
7	ACTUAL SIGNATURE	AME D	DYIGUI) MAK	<u>}</u> M.	Deputy Ch			DATE		/84
23a.	EXAMINER'S N. (TYPE OR PRINT BURNAL REMATIC			D. Smith,	M.D.	ADDRESS 111	Penn St.	Balto	,MD	1.	1
27	ENNERAL DIRECTO	al)	1-25-84	+ YEBVI	tus 1	Mem. PR	19RB	VYVS	IPAP'S S	ARY/A	ad
X/	NAME DIRECTO	P. Bril	ALL LAN	8 1/ 3/	1212	7 JUL	RECIDITY REGIS	B. REGIS	Wido	n-Manda	6



non-streng and control of the strength of the AUDIONAL STREET, STREE the state of the s Challes Contain An Sale H. Barry Dale St. S. St. St. The state of the s

0		Film G593 Item 1		STATE OF MARYLAND	(3)	
9_	1.	FOR per phone ca		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		18404
	I DE	REGISTRAR // U2/ 04 CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
(4)		ANNA	AGNES	BEZEREDI	7	3 84 8:25 AN
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
oge ours ours o		FEMALE	CAUCASIAN	8 6 04	77	YRS.
ifter death. Page 4 the funeral director dwithin 72 hours affi	1	IRTHPLACE (STATEORFOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or	City
the fur	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ORKING LIFE) INDISTRY () /
hours off	13		DOUTH BALTIMORE	e General Hospital	RETIRED	Balto. Md.
filled i	13a	STATE 13b. COUR	131. CITY OR TON	WN 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / Z	S+ /21230
within letely f		ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
d will be a d will	0 4	FRANK	MIDDLE	(SON AGNES	WIDDIE	Chellick ^{s1}
2 5		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	7137	ADDRESS	
n and co		YES, NO OF HIKNOWN) (IF YES, GI	(E WAR OR DATES) 175-18-	8921 CHART	Hospital	,
	\vdash		1/2	7,110		AFPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physicic on popers remaval.			nly one couse per line for 101, (b), o DBY: TE CAUSE (0) CARDIC	- RESPIRATORY A	+RREST	
Cert Ing rbor	1	IMMEDIA				
tendii e cor on, or		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	JENCE OF		
that the death ce deby the attendin lease remove corb iol, cremation, or	1	gove rise to immediate couse (0), stating the	(b)			
by the		underlying cause last	DUE TO, OR AS A CONSEOL	JENCE OF		
	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
2	CERTIFICATION					
low reconstruct. The prior of sony in	✓ V	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	NOB. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The lucion.	_				YES NO	YES NO
Z S S I S		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	LIGHT A AL MONITH I	DAY YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM TB PART I OR PART 2)
HYSICIAI ding ph is certifi buriol-tr Mentol	18	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
≥ 5 0 2 ±	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ING PH r offent this os the lith and corked o	2	WHILE NOT WHILE AT WORK			15.5	
· · · · · · · · · · · · · · · · · · ·	1		ital) ottended the deceased from			
TEN Dital		sow the deceased alive or	7 - 3 of) view the body after death.	89, and that in (my) (our) opinion	death occurred on the date	e and hour and from the causes stated
高	1	22% SIGNATURE	and.	DEGRÉE		27L DATE SIGNED
AL Deto		Form,	VIII MA	PHYSICIAN [DIRECTOR PHYSICIA	NOT 7-3-84
O HOSPITAL Mained by th O FUNERAL movid be det	/	224 PHYSICIAN'S NAME CITYER	DR PRINCIP)	73* ADDRESS		
	4					
5 5 5 5 3 3-	23u	BURIAL, CREMATION, REMOVAL	23h. DATE 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION	ATRICK A A MARK
BP		Burial	July 6, 1984 C	edan Hill Comotony	Baltimaga	Maryland
DHMH - 16 50M 4/83		UNERAL DIRECTOR		27 23/1	E REC'D, BY REGISTRANTY	REGISTRAR'S SIGNATURE
(VRA 15, 4)	M	dully tuneral	Home, 130 E. Fort	Ave. Batto. Md. 10	L 5 1984 A	- Andrews



. 1		FOR	250 100	STATE OF MARYLAND	neme (I)	1 9 8 0 4
(total	1.	STATE REGISTRAR	DEPAKI	CERTIFICATE OF DEATH	REG. NO.	0 -, 0 .
B		CEASED NAME FIRST	MIDDLE	Bezold	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 8121
ge 4 may ector. pag rs after d	3. SE	* Male	Cawasan	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 45 YRS.	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DATS HOURS MI
eath. Page		Catonsorte	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Coun	TY OF DEATH
by the fulled with	10. C	Baltimore City	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE UNIV. CHO	NG HOME OR OTHER INSTITUTION TADDRESS!	12. USUAL OCCUPATION COMPENSION OF WORKING	12b. KIND OF BUSINESS C INDUSTRY Builder
filled in could be	13a.	STATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	READMISSION) WN 13d INSIDE CITY LIMITS? WDRZ YES \(\text{NO NO } \)	13e.STREET ADDRESS / ZIP CO	he/21228
d within d within	14. F.	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	Kaphle'
ond com	16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT CO	tonsvilless M	id. 21228.
on be	H	18. CAUSE OF DEATH (Enter of	only ane couse per line far (o), (b), o	nd (c)	200000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAD
on phy on phy remo		PART I. DEATH WAS CAUS	ATE CAUSE (0) COAGULO	pathy		
oth continue of the continue o			DUE TO, OR AS A CONSEQU			
e at the de the de the the the the the the the the the th		Conditions, if ony, which gove rise to immediate		y overy hyposs		
to the		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	my artery disease		
the state of the s		PART 2 OTHER SIGNIFICANT	107	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	SIVEN IN PART 110
The sign of the si	N O	Chronic	renol failure			
1 21111	CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
20 20 2	ĬĔ	07/06/84	A -	irtury otsesse	YES NO V	YES NO
CLAN B physic erfficol idifricon rela Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM II	8 PART 1 OR PART 2)
G PHYS ornerding orner this or and Mr	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
O S S S S S S S S S S S S S S S S S S S			pital) attended the deceased fram	7/3/84 19	10 7/6/84	, 19, that (I) (we)
25 C 5 2 C		sow the deceased alive a	not) view the body after death.	and that in (my) (aur) opinion	death accurred on the date and h	our and from the couses stated
the hose of the bose of the bose of the best of the be		22b. SIGNATURE	Flowers	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7 6 84
TO HOSPITA etained by TO FUNERA should be di with the Sta		22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	22e ADDRESS	ne St Balt M	D
MAP With Mark	220	70000		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
DD	230.	BURIAL, CREMATION, REMOVA (SPECIFY) B urial		Lorraine Park C	CITY OR TOWN	COUNTY STATE
BP	24. F		ling Funeral	Estate, P. A. 250. DA	TEIREC'D BY REGISTRAR 25h REGI	e, Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	2	36 Edmandean	ADDRESS ADDRESS	sville . Md. 2122	JUL 9 1984	La Davidson-Mandal
(**************************************	/-	sumonason	Avenue; Caton.	SULLIE . Md. 2122		

9 12 18 13 120 × 10 Mess & 03-4-19 Calquelle, USA Mr.) Security S Johnson One Value Ellementary SELLE SESSIONED ALL X SAME SOMETHER ON replaced in the property of Straff - Even AND ST. WAST. STORES APE. Helen V. Boarde-2219 Rough Burdet July 1984 Larreine Fork Com. Delt Core, More Cand Liter Line Mannet Satete, F. A. V. Actionals a fuence; Witness Class Inc. 21225 within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	Name of Street	8	-1	U	1

	1 -	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	IENE 0 4	1 ()		O
		CEASED NAME FIRST	WIDDIE	ı	AST	20 DATE OF DEATH MON	TH DAY	YEAR	2b. HOUF	R
	(1112	HAR	RY T. B	ILLUI	PS .	7-14-84		-30		м
	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY		ERIYEAR	IF UNDER 2	24 HRS
		MALE	BLACK	792	25/1°907 YEAR	76	YRS.	DAYS	HOURS	MIN,
2	7n. BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D SNEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DE	ATH		
7		Virginia	U.S.A.	WIDOWE		Balto.	City			MD.
)		TY OR TOWN OF DEATH Balto.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 1102 Drul	DORESS).		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Truck Dr:	RKING LIFE) INE		BUSINES Ckir	
1	13e. S	Md.	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Ball	N	13d. INSIDE CITY LIMITS? YES K NO (130. STREET ADDRESS / ZIF	CODE Hill	21	201	
Z	14_FA	THER'S NAME LOUIS	Billups Billups		15. MOTHER'S MAIDEN NAM	MIDDLE	7	LAST		
	16- \0	AS DECEASED EVER IN U.S. AR		DITY NO	Mary 17 INFORMANT	Ellen V	vare			
			VE WAR OR DATES)	KIIT NO.	17 HAPORMAINT	ADDIRESS				
	V	es WWT	T 212 18	0760	Mrs. Nell	ie Billups	1102	Dru	id	Til
		PART I. DEATH WAS CAUSE		dici.)	e-ble Hes	2 Carling	,	APPROXIM BETWEEN O	NSET AND I	DEATH
		IMMEDIA1	TE CAUSE (a)	Y	John ben	A FLOCIO				
		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF	Levid 34	afe				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF			- 4			
		underlying cause last	(c)	17	ypertern	u Oandur	rabe	_		
	NO.	PART 2 OTHER SIGNIFICANT O	conditions contributing to t	CU CO	NOT RELATED TO CHELLEN	buc Obit	DIN GIVEN IN	PART 110	ing	Du
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		CERTIFYING			
_	RTI		The state of hilling		Tal How himsy occurs	YES NO	YES		№ []
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21h. TIME OF INJURY HOUR A.M. MONTH DA	YEAR	ZIE HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	TEM IS PART I OF	(PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION					
	MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC }	STREET	CITY OR TOWN	cc	VINTY	ST	TATE
			ital) attended the deceased fram_	-	100 1084	ta	19		hat (l) (w	ve) last
		saw the deceased alive on abave, (I) (we) (did) (did no	Account 100 to 1	84.0	nd that in (my) (aur) apinion o	death accurred an the date a				
		22b. SIGNATURE	n) view the body offer death.		DEGREE		2	2c. DATE S	IGNED	
		1hop	anshy		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN				
		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS	100				
373		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN		ST	TATE
		Burial	7/19/8/ Ga	arris	on Forrest	Owings N	Mills,	Md		

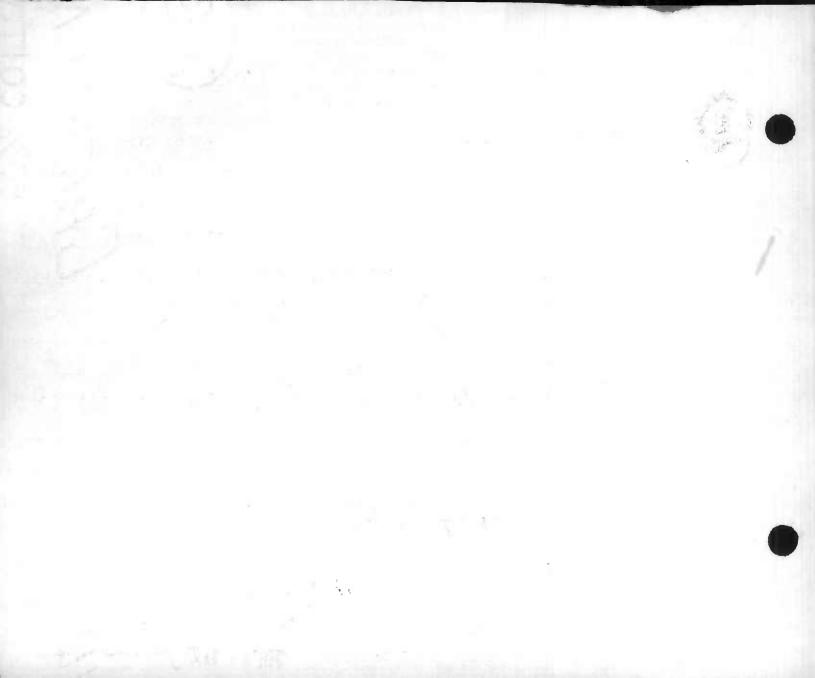
DHMH - 16 50M 4/83 (VRA 15, 4)

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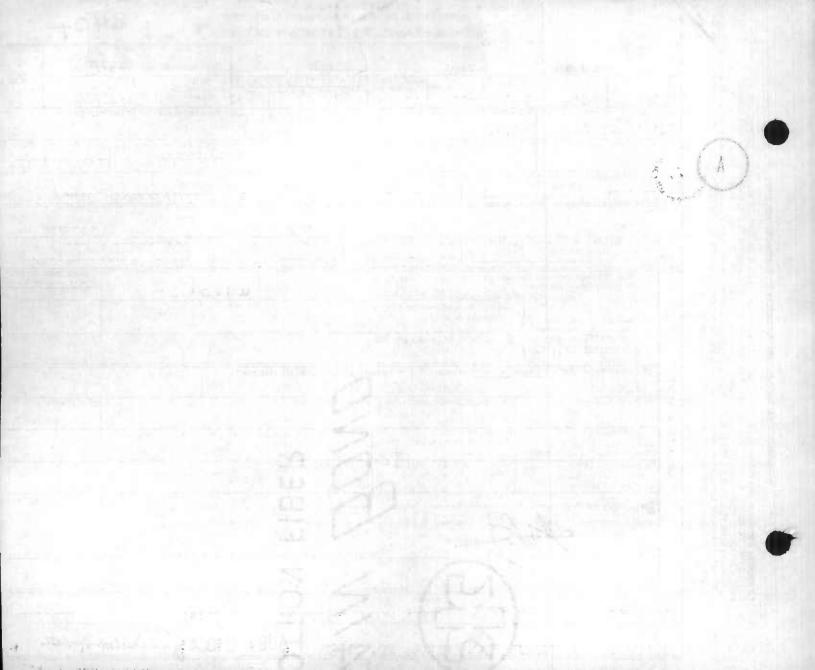
Jas. A. I Morton & Sons

^01701 Laurens

Forrest



20M 4/B2



Hole of John Holl of x E225 York Rotal, 21212 anariosta FORE 215 48 7818 Charles G. Walker, Halfo., Mil - 13/EA LLOUSON PIECE

1 -	FOR STATE			DEPARTA		EALTH AND A		IENE	•				
1 DF	REGISTRAR CEASED NAME	FIRST	,	MIDDLE		AST		2a DATE O	REG. N	NO.	DAY	YEAR	2b. HOUR
	OR PRINT)		ΔГ	מוז זו זיים	DI					7	20	0.4 5	
3 SE3				CIHUR		2.40 2.51 1.40 1.40		6 AGE IIN	YE ARS LAST B	RTHDAY)	40		F UNDER 24 HRS
				<			13	70		YRS	1	HS DAYS	HOURS MIN.
		OREIGN 7			8.	□ NEVER A	- /	9. BALTIMO	ORE CITY			DEATH	
			U.S.	Α				BALT	TMORE	CIT	Υ.		MD
		.TH 1				OR OTHER INST	ITUTION	12a USUAL	OCCUPA"	ION	12		F BUSINESS OR
			VETERAN	S ADMINIS	STRAT	ION_MED	ICAL CI		RK FOR MOST	OF WORKING	S (IPE)	*DOSTRY	
13a. S	TATE	ING HOME OR O	THER INSTITUTION. Y	13c CITY OR TOW	N	4 /	TY LIMITS?	13e STREET	ADDRESS	ZIP CC	DE N	AVF.	21.21.5
_				DALITIN	/ N. L.				W V V	אחווע	L-14	712.	
JA	MES	M	DDLE	BLACKWE	ELL				MIDDLE			MUR	RY
				166 SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADDE	RESS			
	A.E.Z			21907174	46	VAMC 3	900_L00	CH_RAV	EN_BI	VD B	ALTO	MD.	21218
CAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNE OR CONTRIBUTING C	AS CAUSED IMMEDIATE which nediote g the lost. HEICANT CO	BY: CAUSE (0) DUE TO, OI (c) DUE TO, OI (c) DIDITIONS CO 196 CONDITIONS A HOUR AA	RAS A CONSEQUE RAS A CONSEQUE RAS A CONSEQUE A LA LA LA LA LA ITION FOR WHICH FINJURY M. MONTH DA	ENCE OF ENCE OF CEATH BUT	NOT RELATED	TO THE TERM	200 AUT	OPSY?	DOLS .	GIVEN IN	N PART IIIO	OS USED
MEDI	WHILE NOT WH	LE D			ARM_ETC)	211 LOCATIO STREET	Z		CITY OR I	OWN	(COUNTY	STATE
,	obove XI) (we) (c 20b SIGNATURE	AME (TYPE OR	- Au	ptter deoth.	, 01	DE GREE A 22e ADDRES	TTENDING PHYSICIAN [MEDICAL DIRECTOR	ed on the	aff ICIAN ()	hour ond	from the o	SIGNED 2484
JOHN ARTHUR BLACKWELL 7 20 84 77.45 3.5EX MALE PLACK PLACK		mote											
24. FU	INERAL DIRECTOR		1	/		21217	25a. DAT			R 25b. REG	ISTRAR'	SSIGNATI	URE

DHMH - 16 50M 4/83 (VRA 15, 4)



	FOR STATE REGISTRAR	MEDICAL EXAMINER			
(1)		TER LEE BLACK		OF ESTI- 7-	-15-84 ₁₉ 25. HOUF
3 SE	male black	MONTH DAY YEAR LAST BIRTHDAY) A	UNDER 1 YR. IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	PRONOUNCED /-	-15-84 YEAR 8:15
2 P	IRTHPLACE (STATE OR OREIGN COUNTRY) N. C.	USA	ARRIED X NEVER MARRIED OWED DIVORCED ON DIVORCED		ty
E	altimore	11. NAME OF HOSPITAL, NURSING HOME, OR (IF NOT IN SUCH FACILITY, GYESTREET ADDRESS) JOHNS HOPKINS HOSPITA	STHER INSTITUTION 128, U	OR MOST AORKING LIFE)	OR INDUSTRY
130. 3	NUOD 481	or other institution, give residence before admission) TY Baltimore	YES NO 17	702 Bradford	21213 Street
1	ATHER'S NAME Detroy	Blackwell	Ruth	WIDDLE	Brooks
160.	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) 166. SOCIAL SECURITY NO 215-34-1301	Hazel BLack	kwell 1702 B	radford St
MEDICAL CERTIFICATION	gove rise to immediate couse (a) stating the <u>underlying couse last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS		SEASE OR CONDITION GIVEN IN PART 1 (a).		
TIFICATI	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY? YES NOX
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	HOW INJURY OCCURRED LENT	ER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ZÎE PLÂCE OF INJURY (ATHOME, 21 STREET, FACTORY, FARM, ETC.)	LOCATION STREET	CITY OR FOWN	COUNTY STATE
	22a certify that took charged death resulted from: Notu ACTUAL SIGNATURE	ge of the remains described above, held on A rol couses XX. Accident Suicide with the suicide garita A. Korell, M.D.	TITLE (SPECIFY)	EDICAL EXAMINER S	DATE 7-16-84
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			LOCATION UTY OR TOWN Wings Mills	COUNTY STATE Md
24	FUNERAL DIRECTOR	ch F/H 1101 E. Nort	250. DATE REC'D.		er's signal flendess.

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Funeral Home Inc. Baltimore, Maryland 21216

(VRA 15, 4)

7 2 84	BEANGRANS		
18 10 18	25 1855	2011.	Male
3altimore City	X	J. S. A.	5. Carolina
Cement Mason 908 Allentele Street	ital	Lutheran Fos	Lultimore
Beltimore, Maryland 21229	i er	Reltim	Veryland
	eljen		noninu
909 All-mosle Street nson Galtimore, Maryl nd 2122	STOT Roberta Rock	218-03-	No.
			N - R - 13 1
Beltimore, Maryland	eltimore Cemetery lls Larkway cyland 21216	7/5/1984 B 2501 Cvyrus Te . B.ltimore, , st	Mutter & Sons

5 mp - 12-15 - D MACHINE MACHINE Ballores .E שלו כמו סדם כל בי in the rest of the second Scriel orker Public S hools - limer 1212 Croveland Seltimore X Ave. Baltimore, Md. 21215 .c.inco pie Elber 312 Groveland .. ven e 578-2-105 Cutata Cuntane Paltimore, Part no Mais EXPENSIVE INTRACEMENT SERVICES 2 AND 6. 4 st strength beneatons Out comments in 19 Corradina ma Exist 7/20/1994 Crince in Center or needer, no. Corolina Material and Sulfaring Police of the View SALES A COLUMN ASSESSMENT open More int. Eltitor, product 1210

177	REGISTRAR ECEASED NAME	FIRST	MED	MIDDLE MIDDLE	VER'S CE		F DEATH	REG. NO.	TH DAY YEAR	Zb. HOU
1 "	PE OR PRINT)	EDANO	7C		DTO	OIV.		ESTI-		100
3. SE	X 4. R.	FRANCI ACE	5. DATE OF BIRTH	6. AGE (IN Y				MONT	17 1984 H DAY YEAR	2d. HOU
FF	EMALE	WHITE	NOV. 18,	1922 61 Y		DAYS HOURS	MIN PRONOUNC DEAD	CED 7	18 1984	8:43
70.8	OREIGN COUNTRY)	OR	76 CITIZEN OF WH	AT COUNTRY?		NEVER MARR	FD X 9 BALTIMO	RECITY OR COL		
	MARYLAND		USA		WIDOWED			more Cit	V	M
10.0	ITY OR TOWN OF	DEATH		PITAL, NURSING HOM		INSTITUTION	12a USUAL OCCUPA	ATION (TYPE OF WOR	OR INDUST	
1	Baltimore	e	3801 01	arket ano.	APT. C		EMPLOYER	3	STATE OF	
USU 130.	AL RESIDENCE (IF IN	136 COUNT	OTHER INSTITUTION, GIVI	E RESIDENCE BEFORE ADMISS	SION)		13e. STREET ADDRES	S		
7 11	naryland			BALTIMORE	3	YES 💢 NO 🗌	3801C CI	LARKS LA.	#21215	
20	HENRY		MIDDLE	BLOCK		S. MOTHER'S MAIDE FIRST HELEN	MID	DLE	BLUMB	ERG
16a.	WAS DECEASED EV YES, NO, OR UNKNOWN)	ER IN U.S. ARM		16b. SOCIAL SECURI			. RACHEL I			37-6
	NO			212-20-72	299	2305 SUGA	RCONE RD.	#21209		
CERTIFICATION	gave rise t cause (a) stat lying cause la	CANT CONDITIONS CO	(c) Ontributing to death b	AS A CONSEQUENCE UT NOT RELATED TO THE TER	EMINAL OISEASE OF		RT 1 Io			
Fig.	176 DATE OF OFE	ERATION	196. CONDITI	ON FOR WHICH OPE	KATION WAS	PERFORMED?			20 AUTOPSY	
MEDICAL CERTI	210. EXTERNAL CAUNDERLYING CONTRIBUTING (71d. INJURY OCCU WHILE NOT	OR CAUSE OF DE	P.M. 21e PLACE O STREET, FACTO	MONTH DAY YEAR TO THE TOTAL TOTA	211 LOCA 380	ject inge	sted drugs ane Baltim			NO
	22a I certify th death resulted fr			ribed abave, held an	Autapsy uicide X,	X, Inspection Homicide TITLE (SPECIFY) Assistant	Undetermined man	100	re 7–18–	84

	to the mark print.		15 11
THE WITH STATE	T BERADELLE	Magage A	
100	11/1/3		
CALLES CARE	The same of the sa	3 1214	
The factor of	The state of		
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PART DINNERS REPORT	ENER ENERS HAND	UNK	
The an Table	18/54 644 x2m	A. 387.0	
The Confederation of the Print	W E Same	Just Commerce	2318

5	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0.		
		CEASED NAME FIRST A	ANNIE BELL	E	BLUE	JULY	7 - 10	1984	6 10 AM
	3 SEX	Female	4 RACE NEGRO	MOA	13 1918 -//-/8	6. AGE (IN YEARS LAST BIR	YRS.	NIHS DAYS	IF UNDER 24 HRS HOURS MIN.
Y		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	? 8 MARRIEI WIDOWE		9. BALTIMORE CITY OF BALTIMO	_		MD.
6	В	BALTIMORE		NES H	OSPITAL	120. USUAL OCCUPATION OF THE MOST OF THE M		126. KIND OF INDUSTRY	BUSINESS OR
5		AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN IARYLAND	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO BALT IM	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	920 N. A	LTENDA	ALE ST	2122
Z	14. FA	JOSEPH	CARTER		15. MOTHER'S MAIDEN NAME ELIKABETH	MIDDLE		GREÊ	
1	16a. V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (1F YES, GIV	RMED FORCES? 166 SOCIAL SEC 235–30		DANNIE BLU	JE/920 N.		2122 ndale	
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), o ED BY- ITE C AUSE (a)	leg C	arrest	4		APPROXIM BETWEEN OF	AATE INTERVAL NSET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO	divsi SSist		Cardier		·	7
7	CERTIFICATION	ASC VI) 190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	YPE-Y LEUSTO N WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES (
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		saw the deceased alive on above, (I) (we) (did) (did no	oitol) attended the deceased from n	84 , or	9-84 , 19 id that in (my) (our) apinion (death accurred on the d	ote and hour o	and Irom the c	
1		226 SIGNATURE Shon	er	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF	22c. DATE S	JIGNED
		22d. PHYSICIAN'S NAME (TYPE O	OWRA		St Agn	es Hosp	1. 15	allo	1-10
	(BURIAL SPECIFY) BURIAL	07/13/84 MG		PERAN CEM.	CROWNS V			Md.
		Ol NAMEDMONDSON	ALL W. JONES AVE.; BALTO	JR. Md	00000	1 3 1984	Let 13 " 13	Maser - Ma	A 40

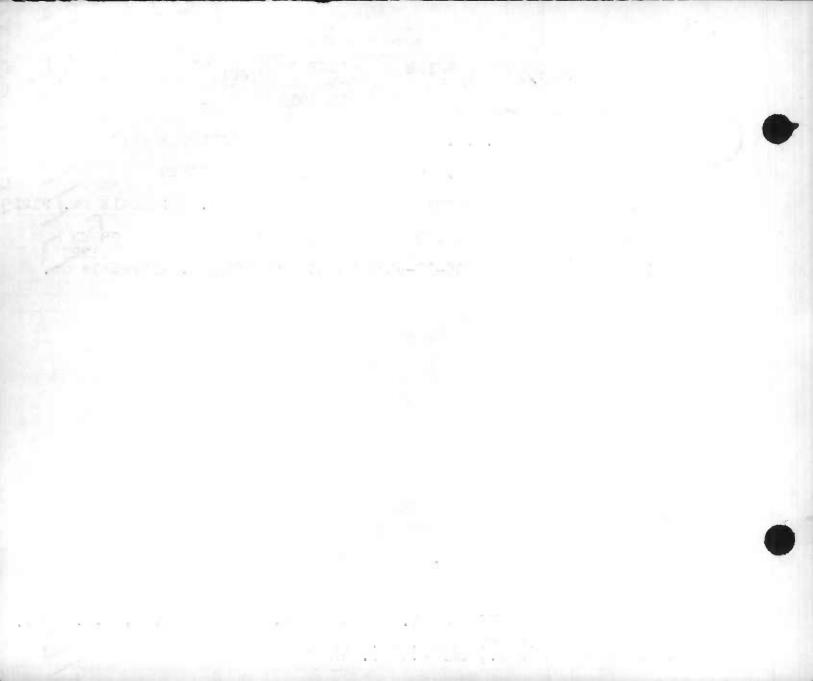
DHMH - 16 50M 4/83 (VRA 15, 4)

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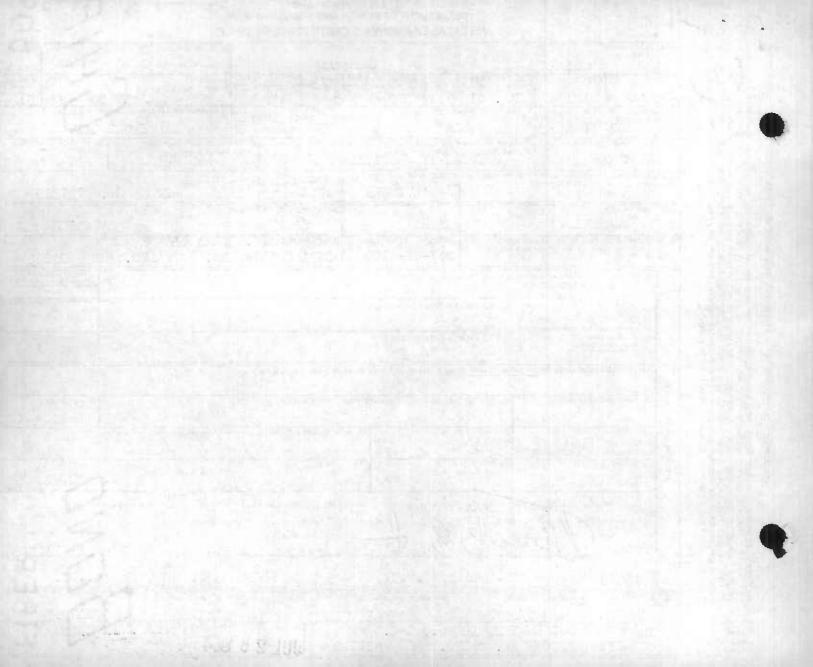
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at ather traumatic event, the medical exemulations



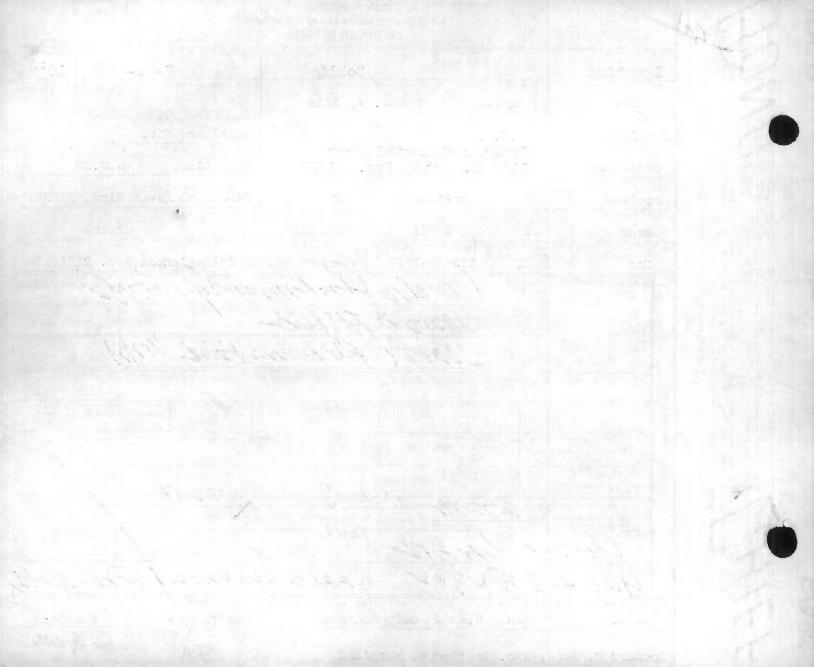
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 44 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN XX MONTH DAY 2b. HOUR OF ESTI-DEATH MATED July 20 19 84 (TYPE OR PRINT) DIANA BLUM DAY 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d. HOUR 4. RACE 2c. DATE LAST BIRTHDAY) PRONOUNCED 12 FEMALE JAN. 11, 1914 6: M F 70 YRS JULY 20 1984 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)
NEW YORK MARRIED NEVER MARRIED USA BALTIMORE CITY DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH FOR MOST OF WORKING LIFE)
HOUSEWIFE OR INDUSTRY UNIVERSITY HOSPITAL BALTIMORE AT HOME ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 13 COBBLESTONE CT. BALTIMORE #21215 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE STEIN SARAH SAMUEL CAVALIER 17. INFORMANT MRS. SELMA BLACKER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-05-5220 3431 PHILIPS DR. BALTO., MD 21208 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Traumatic injuries with complications IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR MONTH DAY YEAR UNDERLYING AOR Pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 6 21e. PLACE OF INJURY LATHOME. 21f. LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Calvert St. nr. Lexington St. Balto City, Md. street Inquiry X Inspection and in my apinion 22a. I certify that I took of acround above, held an Undetermined manner TITLE (SPECIFY) ACTUAL 7/21/84 M.D. Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY BALTIMORE MARYLAND 7/22/84 SHAAREI TFILOH BURIAL 250. DATE REC'D. BY REGISTRAR, 256. REGISTRAR'S SIGNATURE. 24. FUNERAL DIRECTOR SOL LEVINSON&BROS., INC. **DHMH-17** (VR A15 ME (5)) 6010 REISTERSTOWN RD. BALTO., MD 21215 15M 7/76



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The Carlotte		STATE REGISTRAR		MEI	DICAL EXA	MINER'S	CERTIFICA	ATE OF DE	ATH	REG. NO.			
7		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE K		MONTH DA	Y YEAR	26. HOUR
Wasse	(TYP	PE OR PRINT)	JULIA			F	BOLDEN		OF	ESTI-	7 29	19 84	
ACES	3. SE)	ζ [4	4. RACE	5. DATE OF BIRTH	lé. AG	E (IN YEARS IF L		UNDER 24 HR			MONTH DA		2d. HOUR
S S S S S S S S S S S S S S S S S S S	fe	male	black	6 10		O YRS.		HOURS MIN	PRONOUNC	ED	7 29	19 84	9:30 m
27 E E	7a. BI	RTHPLACE (STA		76. CITIZEN OF WE		- 10	- CSC		9. BALTIMO	RE CITY OR			a m
##83		reign country)	1	U.S.A			RIED XNEVE	DIVORCED [imore (itv		
8 -		ITY OR TOWN C		II. NAME OF HOS	PITAL, NURSING	HOME, OR OT		ON 12e. U	ISUAL OCCUPA	TION (TYPE OF	F WORK 12b. 1	KIND OF BUS	
E#800		Baltimo	re		cility, give street at Kean Ave			FC	OR MOST OF WORKIN	NG LIFE)		OR INDUSTR	Y
B GLOSES	USU	AL RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GE	VE RESIDENCE BEFORE	ADMISSION)	har more						7770
350		ryland	13b. COUN	IY	Baltin		13d. INSIDE CITY		TREET ADDRESS		210 2	1217	
-		ATHER'S NAME				OLC	15. MOTHER	S MAIDEN NA	WE		rue z		
,00		FIRST		MIDDLE	Page		FIRS	T	MIDI	DLE		LAST	
_	16a. V	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFORMA	NT	-	ADDRESS			
1		es, no, or unknov known	WN) (IF YES, GIVE	WAR OR DATES)	215-32	0507	Tamod	H. Bol	don 01	1 Malza	7	200110	
	- 011		DEATH (Fotor on	ly one cause per line			Lualles	п. вол	den 91	1 McKe	an Ave	APPROXIMATE	INTERVAL
VE, DIVISION		PARTIDEA					anvai or		c diame	10	88	TWEEN ONSET	AND DEATH
PERMIT. GIENE, D VAL.			IMMEDIA	TE CAUSE (a) Ar	AS A CONSEQU		Cardiov	/ascular	urseas	<u>se</u>			
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONGS TOR, FAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMITHE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions	s, if any, which	DOE TO, OK	AS A CONSEQU	ENCEOF							
RRE		gave rise	e to immediate stating the under-	(b)									
2	1	lying caus		DUE 10, OR	AS A CONSEQU	ENCE OF							
5				(c)			<u></u>						
	N	PART 2 OTHER SIG	MIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	HE TERMINAL DISE	ASE OR CONDITION G	IVEN IN PART I (o).					
<u>, —</u>	¥	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WASPERFORME	ED?			20	AUTOPSY?	
X 2	E	1										YES 🗆	NOX
tiples	CERTIFICATION	210 EXTERNAL		216. TIME OF		21c. 1	HOW INJURY O	CCURRED (ENTI	ER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)		
5	ALC	UNDERLYING	OR IG CAUSE OF I	HOUR A.M	MONTH DAY	YEAR							
PRIC	MEDICAL	21d. INJURY O	CCURRED	21e PLACE C	OF INJURY (ATH	1.7	OCATION						
	M	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
1		AT WORK	AT WORK						Г				
7			,	e of the remoins des				nspection X	Inquiry L		n my apinian		
2		deoth resulte	d fram: Natur	ral causes X,	Accident,	Suicide _	, Homicide		letermined mon	ner,			
BALTIMORE, MARYLAND, 21201 P		ACTUAL	M.	000	1		TITLE (SPE				DATE	7 20 0	Λ
K.	1	SIGNATURE_	111	X	-		M.D. Assis	stant M	EDICAL EXAMIN	VER	SIGNED_	7-30-8	04
3	-	EXAMINER'S N		M. Dixon,	MD		1	111 Donr	n St., I	Ralto	БМ	21201	
- A	42.5	(TYPE OR PRIN					- NO DIKE 33			Jarw.	, PIC.	2120	
	(SPECIFY)	ION, REMOVAL 2	3b. DATE			OR CREMATOR		LOCATION ITY OR TOWN		COUNTY	STA	ATE
		BURTAL UNERAL DIRECT	TOR	8/3/84	Arbut	us MEmo	orial Pa	rk A	rbutus,	1		Md.	
		NAME	100 F	nc. 1101			750	JUL 3	BY REGISTRAR	256 REGISTI	HOON N	bill tall	*

- 3	FOR			DEPARTMENT OF		ARYLAND AND MENTA	L HYGIEN	EG	1 8	2 6 a	
'	STATE		MEI	DICAL EXAMIN	NER'S C	ERTIFICATI	E OF DEA	TH REC	G. NO.		
	CEASED NA	ME FIRST		MIDDLE	I	LAST		O DATE KNOW		DAY YEAR	2b. HC
(1	PE OR PRINT)	Lind	la T/		Bolto	on		OF ESTI-		5/8419	
3. SI	X	4 RACE	5. DATE OF BIRTH		YEARS IF UNI	DER 1 YR. IF UN	DER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d. HC
	emale	White			YRS.	DAYS HOUR		PRONOUNCED DEAD		5/8419	12,
5	SIRTHPLACE OREIGN COUNTRY	vania	U.S.		8 MARRIE WIDOWE	D NEVER M.	ORCED	Baltimore co	ore City	У	
10.0	Baltim	N OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) SITY HOSDI)	R INSTITUTION	FORM	AL OCCUPATION OST OF WORKING LIFE Ager Fur	1	1 OR INDUST	SINESS RY
	AL RESIDENCE		DE OTHER INSTITUTION, GIV		SION)	13d. INSIDE CITY LIMIT	13e. STRE	et ADDRESS 1 Landin	g Road	21227	
b .	ATHER'S NAV	Gaibers	MIDDLE	LAST		15. MOTHER'S M.	AIDEN NAME	Thompso		LAST	
-		SED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECURI		Robert (Bolto	n 5021 L	RESS anding	Rd 212	27
7	PART III	DEATH WAS CAUS	ATE CAUSE (a) DUE TO, OR the (b)	far (a), (b), and (c).) Multiple I: AS A CONSEQUENCE AS A CONSEQUENCE	OF	es				APPROXIMATI BETWEEN ONSE	
CERTIFICATION	- 1	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TER			IN PART 1 :01			20 AUTOPSY	
1 5										YES 🖾	NO
MEDICAL CERTII	UNDERLYIN CONTRIBU	OCCURRED	F DEATH 10:10M 21e PLACE C STREET, FACT	MONTH DAY YEAR PM 7/23/84 DE INJURY (ATHOME, ORY, FARM, ETC.)	dri 211. LOC	ver in a	auto/au	to colli	sion	ART 2)	NO ST/
MEDICAL	UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK 22d I ce death resu ACTUAL SIGNATURE EXAMINER (TYPE OR PI	NG NOR TING CAUSE OF TOCCURRED NOT WHILE AT WORK Trify that I took cho ulted fram: Not	F DEATH 10:10M The PLACE of STREET, FACT Trige of the remains designed from the PLACE of STREET, FACT Trige of the remains designed from the PLACE of STREET, FACT Trige of the remains designed from the PLACE of STREET, FACT Trige of the Remains designed from the PLACE of STREET, FACT	MONTH DAY YEA PM 7/23/84 PM 7/23/84 PF INJURY (AT HOME, ORY, FARM, ETC.) TOADWAY Cribed abave, held an Assident X. S auffman, M 136, NAME OF CE	AR dri 211. LOC ST Rt. Autops; Suicide, M.I	Ver in a ATION 97 & Bai y X Inspe Homicide TITLE (SPECIFY D. ASSISTA	ctholow ction , undete	to colli	and in my ap DATE SIGNE	DUNTY CO., Md. prinian ED 7/25/ d. 21201	84

THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY.

Femnie Faite May 9, 1949 35

Pemnsylvania

U.S.A.

Haneser Furniture Co.

Maryland Nevard x 5021 Landing Boad 21277

Robert Gaibers Thompson

No ... Bobert Lotton 5021 Landing Rd 21277

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X	

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTR	AR				CERTIF	ICATE OF	DEATH	REG. N	10.		
ľ	1. DECEASED N	AME	FIRST		AIDDLE		AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
١	(TYPE OR PRINT)	1	ARGARI	et ti	RENE	F	SOND			7 25	84	12:05 20
ł	3. SEX			I. RACE		S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	
1	FEM	ALE		WH	TTE	01	22	09	7.	_ [ONIHS DAYS	HOURS MIN.
l	70. BIRTHPLACE	(STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	18	T		9. BALTIMORE CITY		OF DEATH	
	MARYI.A	ND		II :	S.A.	WIDOWE	D X NEVER	MARRIED U	BALTIM	ORE CIT	ľY	MD.
4	10. CITY OR TO		ATH	11. NAME OF	OSPITAL, NURSIN	IG HOME C			120. USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
	BALTIM	ORE			H FACILITY, GIVE STREET AGNES	- ,	ΤΔΤ.		PRESSER	OF WORKING LIFE	CLOTE	
1	USUAL RESIDEN			OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)					1 CTOIL	ILNG
	MARYLA		13b COUN	TY 	BALTIMO		13d. INSIDE O	NO []	13e STREET ADDRESS 2900 GEOI		N ROAD	, 21230
	14 FATHER'S N.		N	NIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME		LAS	st
	WII	LIAM		100	FAUTH				UNKNO			
1	160 WAS DECE			MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMA	ANT	ADDR	ESS		
1	NO	14614()	(11 165, 0116	WAR OR DATES	220-07-8	3825	ROBER	T G. BC	OND 2900 G	EORGET	OWN RD,	21230
1					line for (a), (b), an	d (c1.1	/		/		APPROX BETWEEN	MATE INTERVAL
1	PART	I. DEATH V	VAS CAUSED	BY: CAUSE (0)	Kesp	iraj	fory	Faile	re			
1			IMMEDIA		R AS A CONSEQUE	ENICE OF -	1	,				
1	Conditio	ns, if ony	which	DUE 10, 01	AS A CONSECUL	C	Betro	ctive	Lung Di	sease.		
1	gove ri	se to im	mediate	(0)								
	underlyi		0	DUE TO, OI	R AS A CONSEOUE	ENCEOF						
	PART 2. 0	OTHER SIG	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOTRELATE	TO THE TERM	AIN AL DISEASE OR COM	NDITION GIVE	EN IN PART 10	io.
		Inne	V 6	-astro	intest	166/	1.21	eclin				
1	T 190. DATE	OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	7		200 AUTOPSY?	20b. IF YES	, WERE FINDI	INGS USED
2	NO DATE 210. ACCIO								YES TI NOTO		YING CAUSES	S OF DEATH?
	21a. ACCIO	ENT WAS UN	DERLYING	216. TIME O			21c. HOW It	JURY OCCUR	RED (FINTER NATURE OF IN)			
	OR COLUMN		CAUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR						
	~	RY OCCUR	RED	21e. PLACE		IÀ	211 LOCATI					
		NOTW	HILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC }	STREE	T	CITY OR T	NWC	COUNTY	STATE
	AT WORK	Al WO		al) ottended th	deceased from_	17	115	10 8	1 7/	25	10 84	that (I) (we) last
1	sow	the deceas	ed olive on_	7/	25 19	846	nd that in (my	(our) opinion	deoth occurred on the c	date and hour		
	22b. SIGN		did) (did not	view the body	ofter death.		DEGREE				22c DATE	
	110.0101	14	Done	elle				ATTENDING	MEDICAL STA		7/	2 = 104
-	22d. PHYS	SICIAN'S N	AME (TYPE OF	PRINLL		_	22e ADDRE	PHYSICIAN [DIRECTOR PHYSI	CIAN	1/4	23/0/1
	1	105	/	Barre	0.//.		am		70.0D=m1=			
	22 0110111 65	~	/	Ton Sura	122	LAWE OF C	I ST.			00 S.	CATON A	AVENUE
	23a BURIAL, CR (SPECIFY)		, KEMOVAL	23b. DATE			EMETERY OR		23d LOCATION CITY OR TOWN		COUNTY	STATE
	BUR IA			07-30	-84 MA	ARYLAN	VD VETE 21229		CROWNSVI			ARYLAND
			TEDAT .	HOME T	NC. 4107	UTTP		25a. DA1	J.J. 2 7 100	July Sulis	Pavidson	
	HODDAN	L F UI	THATE.	HOPEL, I	410/	WITTVI	INO AVE	•	1 80	10	1400	Marie

DHMH - 16 50M 4/83 (VRA 15, 4)

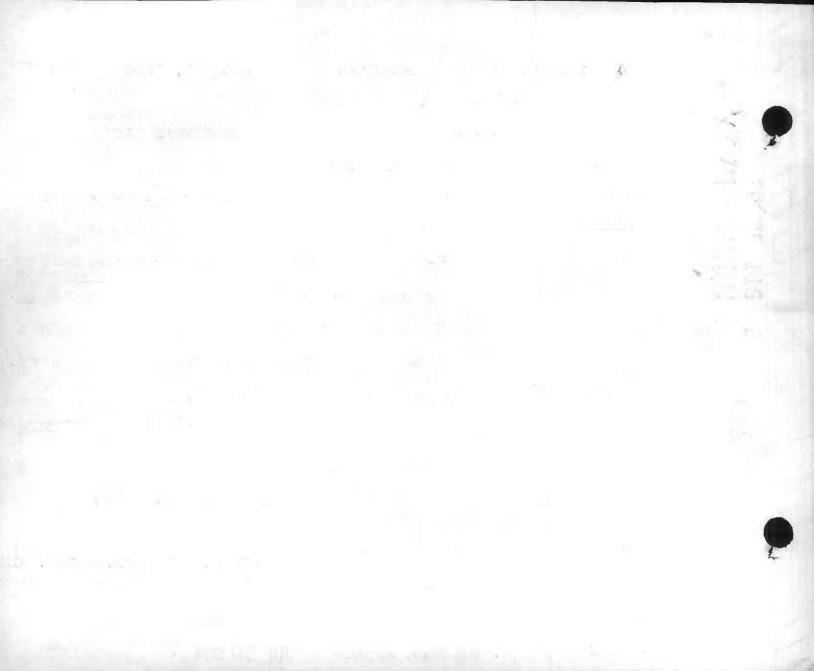
TO FUNERAL DIRECTOR: After

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene pria. IMPORTANT: if hem 21 is marked or Item 18 shows ony

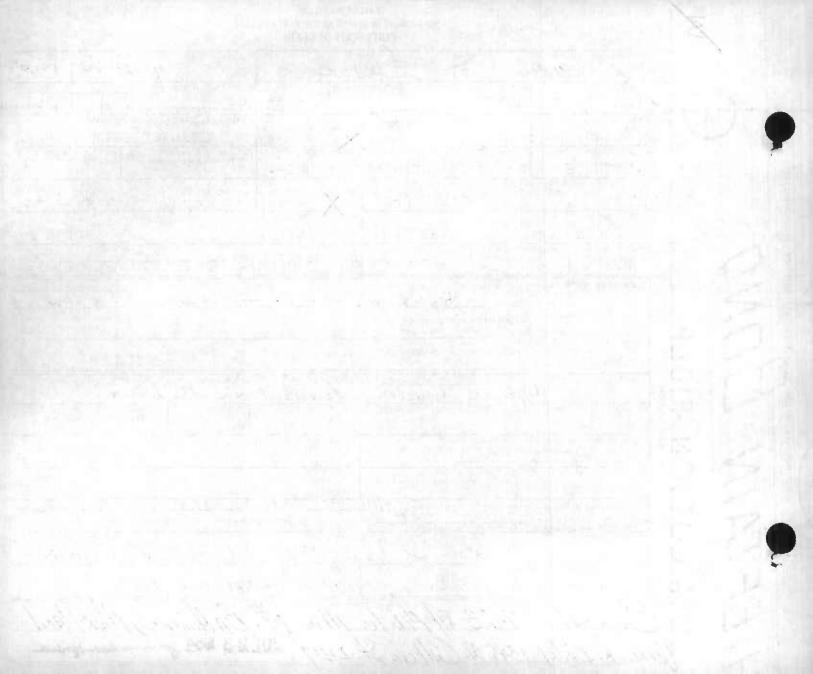
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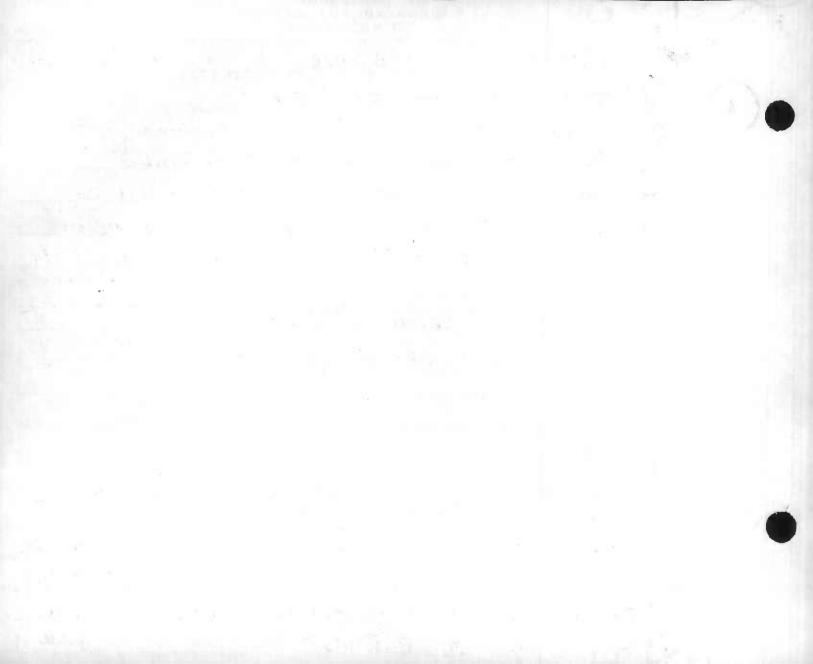
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3	η.	FOR STATE REGISTRAR		DEPARTN	NENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO.	0 4	5.
		EASED NAME	FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR 7
y be y be 3 death	(TYPE	OR PRINT)	ROTHY B	В	ONTO		JULY 27, 198		8:08 ^A
e 4 mo	3. SE	emale	4. RACE White		5. DATE C	4 ,1911 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 72	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
35		RTHPLACE (STATE OR FOIL OUNTRY) Iaryland	REIGN 76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED			MD.
U		TY OR TOWN OF DEAT	H 11. NAME OF (IF NOT IN SU THE J	HOSPITAL, NURSING CHEACHITY, GIVE STREET A	G HOME C	HOSPITAL	12b. KIND O INDUSTRY	F BUSINESS OR	
35	USU.	AL RESIDENCE (IF NURSIN TATE Maryland	G HOME OR OTHER INSTITUTION 36 COUNTY		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 4114 Montana	DE Ave	21206
Onthin ond 2 sh	_	THER'S NAME WITTLIAM	MIDDLE	Hunter		IS MOTHER'S MAIDEN N	WIDDLE	Roberts	1
BALTIMORE, MAR	16a V		U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	None	RITY NO.	Nr Warren F	ADDRESS R Bontoyan 3910 M		
Went, the		PART I. DEATH WA	(Enter only one couse pe S CAUSED BY: WMEDIATE CAUSE (o)_	Caro		Arrest			SMINS.
the the soft is that the soft is by the attending tose semove carl.		Conditions, if any, gove rise to imme couse (a), stating underlying couse	which (b)_ diate the DUE TO. (DR AS A CONSEQUE TCh DR AS A CONSEQUE COVO	emi		Disease Herosis	10	years
AL RECORDS, 20 The low requires in the low requires in the plant then plant then plant to buring ows.eny. Injury, 0	CERTIFICATION	PART 2 OTHER SIGNI PORT 2 OTHER	Failure ON 196 CONI	2, Hupor	Thur	NOT RELATED TO THE TER	IN CER	ES, WERE FINDING TIPYING CAUSES	
DIVISION OF VITA NG PHYSICIAN: T ottending physic tfer this certificons to one of the		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOUR A	OF INJURY N.M. MONTH DA P.M.	Y YEAR		RRED (ENTER NATURE OF INJURY IN ITEM II	3 PART I OR PART 2)	
UG PHY arrending free this os to but h ond M nrked or	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	E T TAT HOME S	OF INJURY TREET FACTORY OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
R ATTENDIR hospital or NECTOR: A period or NECTOR: A period of Nector (Nector Nector N		sow the deceased obove, (I) (we) (did	his hospital) attended to alive on Juya d) (did not) view the bod	27 19	•	d that in (<u>my)</u> (our) opinio	n death occurred on the date and h	our and from the	
by the by the BRAL D State D State D		226 SIGNATURE 276 PHYSICIAN'S NAM	D. Dato	ne	m,	ETTSICIAIN	MEDICAL STAFF DIRECTOR PHYSICIAN FR.	22c DATE	27/84 170- MD
TO HOSPITA etoined by TO FUNERA should be do with the Sto		STEVEN	V- Va	Torre		N+ Broad		21205"	, md.
BP		URIAL, CREMATION, RI SPECIFY) Burial	EMOVAL 236. DATE 8/1/8			emetery or crematory kwood	Baltimore. M	COUNTY aryland	STATE
DHMH - 16 50M 4783 (VRA 15, 4)	24 FI	INERAL DIRECTOR Leonard J	Ruck Inc. 1	ADDRESS Baltimore,	Maru		ATE REC'D. BY REGISTRAR 25b. REGI	STRAKS SIGNAT	URE TO SEC



STATE OF MARYLAND





BALTIMORE NATIONAL 07-23-84 BURIAL 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)

FOR

- STATE

REGISTRAR

REG. NO. MONTH

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO \square

STATE

IF UNDER 1 YEAR

INDUSTRY DEPT.

UNKNOWN

YES [

COUNTY

DAYS

2b. HOUR 8:10P

IF UNDER 24 HRS

STORE

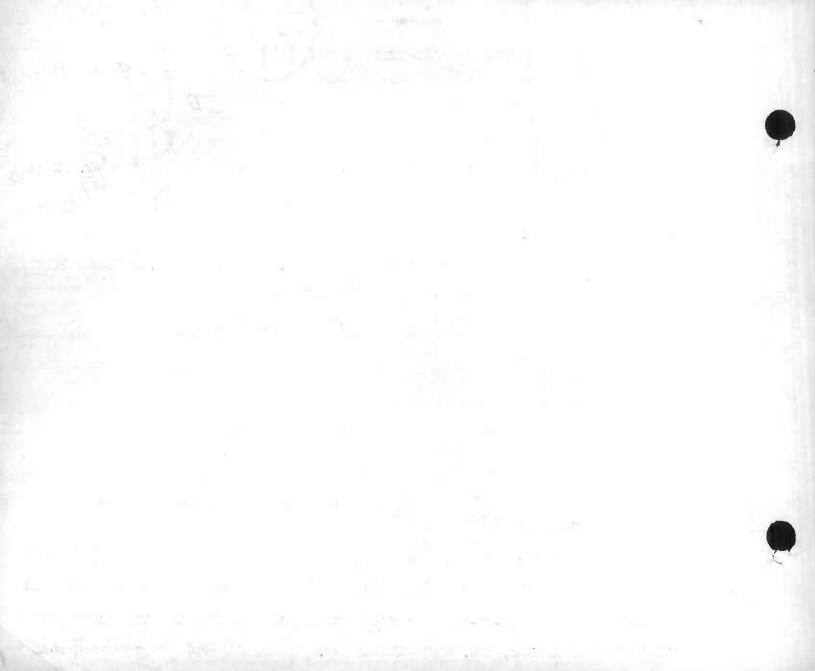
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MARYLAND

22c. DATE SIGNED



21215

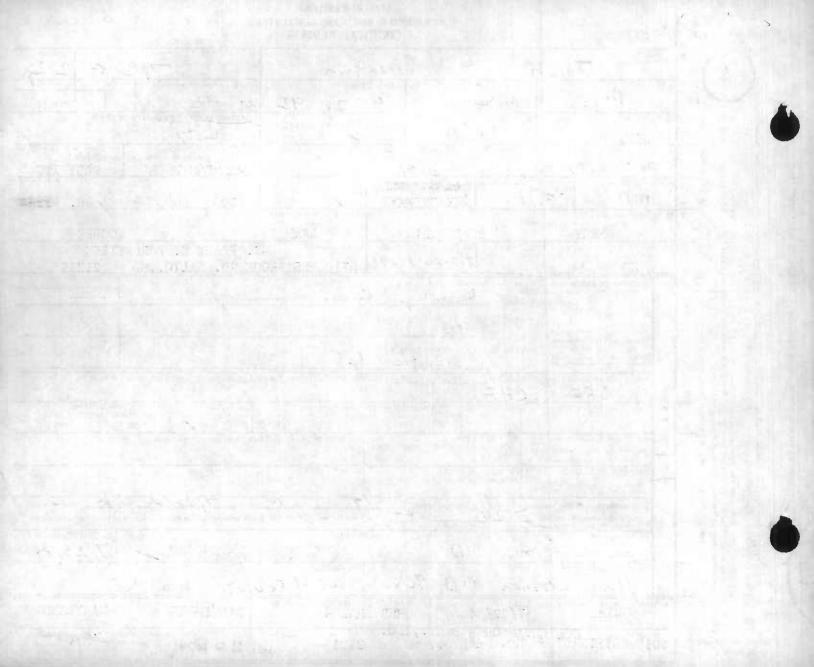
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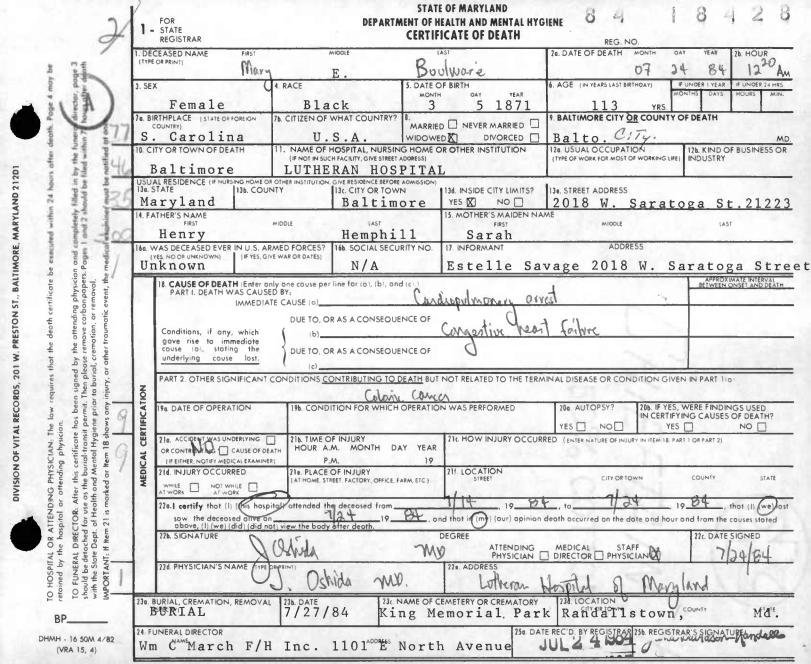
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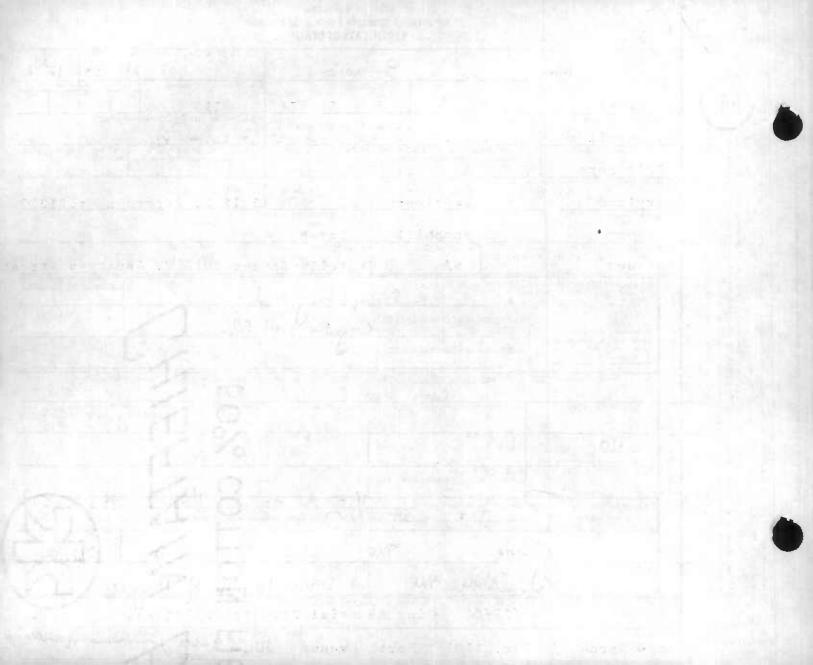
DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



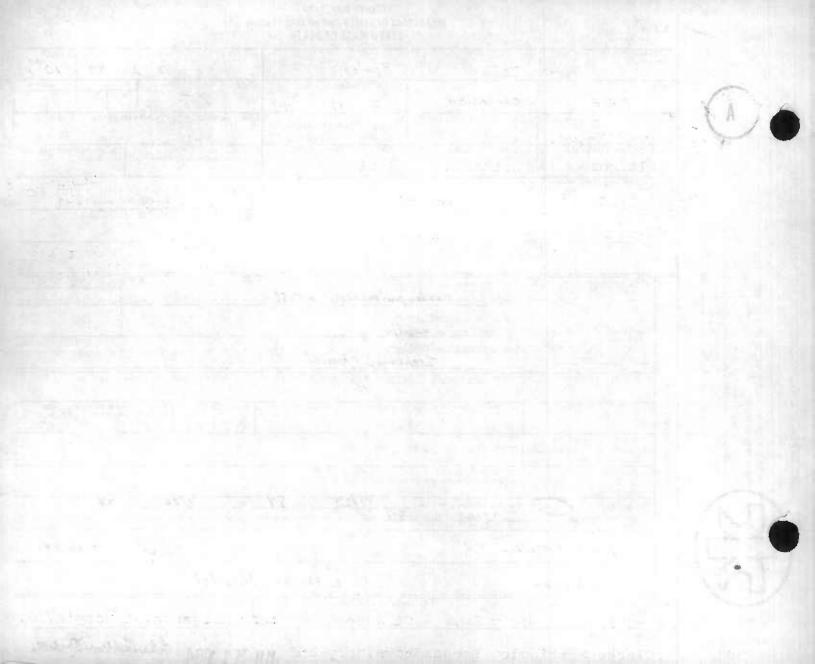




. 4	1	FOR - STATE REGISTRAR	DEF	184	2 9			
m 6		CEASED NAME FIRST	MIDOLE	l	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
sy be age 3 death		HARRY		IAAS	BOWEN	JULY 13, 19		6 am
pog prog	3. SE	Х	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
A PEN X	1	MALE	WHITE	FEB.	29 1908	76 YR		
deoth. Page		IRTHPLACE (STATE OR FOREIGN COUNTRY) PENNA.	U.S.A.	NTRY? 8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR COUL BALTIMOR		MD.
y the filled with	10 C	BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 5633 FRAN	STREET ADDRESS)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN INSPECTOR	G LIFE) INDUSTRY	BUSINESS OR TH DEPT
filled in the sould be		AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES 💢 NO 🗌	13e.STREET ADDRESS / ZIP CO 5633 FRANKF	ODE	
mplerely and 2 sh	14. F.	ATHER'S NAME FIRST CHARLES	MAAS		15 MOTHER'S MAIDEN NA/ FIRST CAROL	ME MIDDLE	LAST	GARTNER
n and co		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	SECURITY NO. -09-761	17 INFORMANT MRS 2 NICHOLAS	ADDRESS MASSONI (DGH	SA	AME DRESS
requires that the death ce ten signed by the attending 1. Then please remove carb or to burial, cremation, arr y injury, or ather traumatic	NOI			SEQUENCE OF		inal disease or Condition		> `
he tow on. has be ene pri	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	n was performed	20a AUTOPSY? 20b. IF IN CE	YES, WERE FINDING RTIFYING CAUSES O YES []	GS USED OF DEATH? NO []
SICIAN: TI ng physicin certificate rial-transi ental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (15 EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	H DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)	
offendi offer this us the bu h and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	OFFICE FARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDING or hospital or ched for use coped to the coped for the cope		22a I certify that (1) (this hosp sow the deceased alive or above, (1)(we) (did) (did no 22b. SIGNATURE	0 1 1	19.84 01	DEGREE	death occurred on the date and		
O HOSPITAL etained by the TO FUNERAL should be detained with the State MAPORTANT. If		22d PHYSICIA R. JOS	SE ARDAIZ	/	PHYSICIAN [astern Avenu		5-84
₽ ₽ ₽ # 3 ≤	23a.	BURIAL, CREMATION, REMOVAL (SPECIE) Burial	7/16/84	23t. NAME OF C	emetery or crematory	23d LOCATION CITY OR TOWN Baltimor	COUNTY	STATE Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERALD SCHIMUNE NAME 3331 Bre				E REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATU	



(VRA 15, 4)



1 76	1	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 4	1 8 4	3 1
ay be deoth		ECEASED NAME FIRST	14. RACE	M .	B	OWHAN	20. D'ATE OF DEATH	7- 21-84	2b. HOURS 54m
e 8 8	3. 5	male	bla	n c k	5. DATE C	DAY YEAR 19 16	68	MONIHS DAYS	HOURS MIN.
	7	SIRTHPLACE (STATE OR FOREIGN COUNTRY) irginia	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED		R COUNTY OF DEATH	MD.
by the filed with	7	Sal www	/ (IF NOT IN SU	CH FACILITY, GIVE STREET A	DDRESS	rother institution	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		OF BUSINESS OR
AND 21:	13a. M	STATE IS A COU aryland	OR OTHER INSTITUTION	13c. CITY OR TOWN Baltime	1	13d. INSIDE CITY LIMITS? YES 📉 NO 🗌		zipcode ego Avenue	21215
ompletely on 2 s		ATHER'S NAME FIRST Nathan	MIDDLE	Bowman		Rebecca	MIDDLE		AST
MORE, nond con medical		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G NKNOWN	RMED FORCES?	224-07-		Ruby L. Bo	ADDRE	Oswego A	Venue XIMATE INTERVAL NONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retending physician ond completely filled in by as the buriel-tronsit permit. Then please remove carbonpopers. Pages 1 and 2 should be fill thand Mental Hygiene prior to buriol, cremotion, ar removal.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)	DR AS A CONSEQUE	NCE OF	not related to the teri	MINAL DISEASE OR CON	Lyco M	lto [,]
AL RECOR	CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHICH	OPERATIO		20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [INGS USED ES OF DEATH?
PHYSICIAN: T ending physici this certification and Mentol Hyging dor them 18 sh	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR A	OF INJURY M. MONTH DA M. OF INJURY	Y YEAR	216 HOW INJURY OCCUR			
DIVISIGNO PROCESS After the se os the selfth and marked of	ME	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has		he deceosed from	7/2	STREET 19 XC	CITY OR TO	TOUNTY	, that (I) (we) lost
OR ATTEN ne haspital DIRECTOR ached for u Dept. of He	1	sow the deceased alive o above. (I) (we) (did) (did no 22b. SIGNATURE	ot) view the bod	y ofter death.		d that in (my) (our) apinion DEGREE ATTENDING	deoth occurred on the d	27c. DAT	E SIGNED X L
TO HOSPITAL retained by the TO FUNERAL should be detained by the State with the State MPORTANT: I		120 PHYSICIAN'S NAMEL TYPE	OR PRINT)	F47	IN A		DIRECTOR PHYSIC	h spital	2010
PP	230.	BURIAL, CREMATION, REMOVA	23b. DATE 7/27			emetery or crematory ional Mem I	23d. LOCATION Laurel,	COUNTY	Md . STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director	H Inc.	ADDRESS 1101 E	Nort	h Avenue	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	TURE

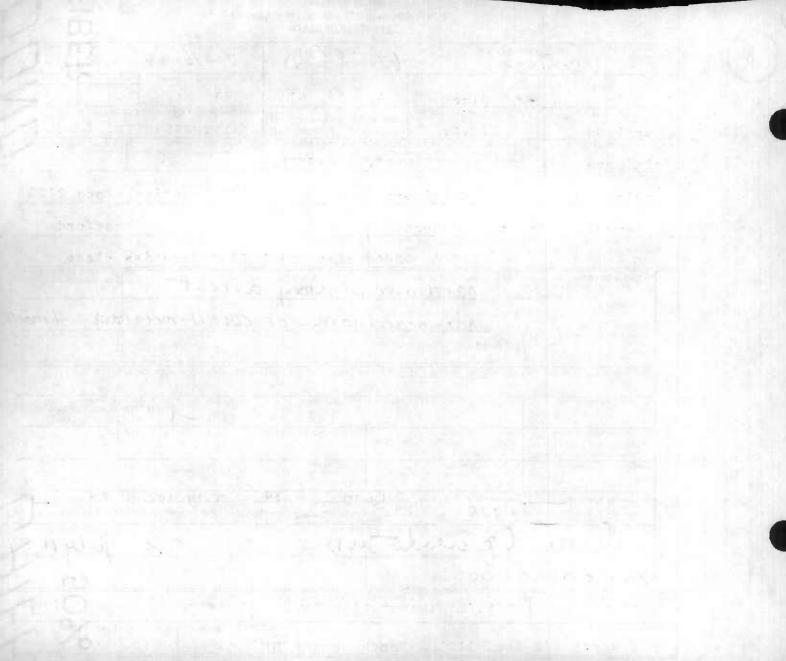
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STATE OF MARYLAND

7/30/84 mtb F#59;

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					STAIL OF MAKTE		(D) 61		64	3 4
	1.	FOR STATE REGISTRAR		DEPARTME	TOF HEALTH AND	MENTAL HYG DEATH		1		0 -1
1	1 00		tal DD				REG. N Za. DATE OF DEATH		AY YEAR	2b. HOUR
			Mont-aque Mont	.e	10 ASTBrad		7-10		AT TEAR	453
60		Mor	1		Mr-Lati	9201		-21 4		1 1/4
ours off	3. SE		4. RÁCE	5	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR		ONIHS DAYS	HOURS M
40		Male	B1a		1 12	43	41	YRS.		
35	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY?	MARRIED NEVER	MARRIED 3	9. BALTIMORE CITY C			
(2)		iaryland	U.S.	A. v	VIDOWED D	NORCED	BALTIMO		ΓY,	
90	10. C	ITY OR TOWN OF DEATH		PITAL, NURSING	HOME OR OTHER INS	HOITUTION	12a. USUAL OCCUPAT			OF BUSINESS
90	Ba	altimore			EDICAL CE	ENTER				
27 [AL RESIDENCE (IF NURSING HOA		RESIDENCE BEFORE AD	MISSION)	CITY HAAITS2	13e.STREET ADDRESS	/ 710 CODE		
		aryland		Baltimo		NO [2207 Pre	ntiss	Plac	e 212
2000		ATHER'S NAME				'S MAIDEN NA		12.7		
, B		Samue 1	James	Johnson	о не	elen	MIDDIE		Bradf	ord
0	16a V	WAS DECEASED EVER IN U.S		SOCIAL SECURIT			ADDR		.,	
medical	(S. GIVE WAR OR DATES)	7-40-4	204 Holor	Smi+1	n 2207 Pr	antie	e P1a	00
the m	-	NO				JULL	1 2207 11	entis		
, to .		18 CAUSE OF DEATH (Ente					· F	_	BETWEEN	ONSET AND DEA
noval.		PART I. DE ATH WAS CA	USED BY:	ardia.	-respira	toru	arress			
20 0 0		IMME	DIATE CAUSE (0)	vc. 00.0						
o o o			DUE TO, OR AS	A CONSEQUENC	CE OF		00101	make	.4. 2	4 m
nave carb ation, ar traumatic		Conditions, if any, which	((b) A	denoco	uanom	OF	COLON	mera	s asic	411
r tro		gave rise to immediate cause (a), stating the								
ere		underlying couse lost		A CONSEQUENC	LE OF					
0.0		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONT	DIRLITING TO DE	THE BLIT NICHT BELATEL	D TO THE TERM	IN AL DISEASE OR CON	DITION CAVE	NI INI DART I	
d ob	Z	TAKE 2 OTHER SIGNIFICA	AL COMPINONS <u>COM</u>	RIDOTINO TO DEA	NI BOTHOT RECALL	D TO THE TERM	INAL DISLASE OR CON	DITION GIVE	, IN IN PART II	
A 10	1	19a. DATE OF OPERATION	196 CONDITIO	N FOR WHICH OF	ERATION WAS PERFO	ORMED	20a AUTOPSY?		WERE FINDI	
10	Ĕ						YES TI NOT	IN CERTIFY YES		S OF DEATH?
1	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF IN	JURY	Z1c HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJU	1		-,,,
E OL		OR CONTRIBUTING CAUSE O			YEAR	JONI OCCURI	FEMILE INVIDE OF INTO	mi walitwig FA	mir OR FAR(2)	
1.77	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAM			19			office of		
1	0	21d. INJURY OCCURRED	21e. PLACE OF I	NJURY	211. LOCATI	ON	CITY OR TO	IMN	COUNTY	STATE
0	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, I	FACTORY, OFFICE, FARA	STREE		CHITORIC		COOINT	STAIL
9		AT WORK	5 b b b	11	11111 10	10 84		10	. 61	
-		22a.1 certify that (1) (this h	ospital) attended the de	eceased from	111110		, .0	101		that (I) (we)
5 70		sow the deceased alive	on July 10	r death.	, and that in (my	(our) opinion	death occurred on the d	ate and hour	and from the	couses states
0. 5	-	27h SIGNAFURE	^	1	DEGREE				22c_DATE	SIGNED
5 =		VILIT	·· (Uan	1 ein	Tun	ATTENDING _	MEDICAL STA	FF _	10.	1. 11
Z-A	1/	, vui	- up	7-7-00			DIRECTOR PHYSIC	IAN	1400	411
4 /		774 PHYSICIAN'S NAME (T			22e ADDRE	55				
APORTAN		YVETTE OG	DUENDO							
3	23a	BURIAL, CREMATION, REMO	VAL 236. DATE	23c. NA/	ME OF CEMETERY OR	CREMATORY	23d. LOCATION			
		BURIAL	7/16/	84 Mou	nt Zion	Cem.	Latistow	ne,	COUNTY	Md, STATE
	74 FI	UNERAL DIRECTOR				25e DAT	E REC'D BY REGISTRAR	75h DEGISTO	AD'S SIGNIA	TIIDE
4/B3		NAME		ADDRESS		and the second	The same of the sa	-		TORE
4)	TAT	m C March F	/H Inc. 1	101 E N	orth Ave	nue III	1 0 400 4	Chillen Do	Milana, 1	Bornella BA



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and campletely filled in by the 'ages 1 and 2 shauld be filed wi

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician inhall handstranded for use as the burial-transit permit. Then please remove corbangapers. P should be detached far use as the burial-transit permit. Then please remove corbanpape with the State Dept. of Heolth and Mental Hygiene priar ta buriol, crematian, or removal. morked ar Item 18 shows ony

executed within 24 hours offer

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	2010711111					R	EG. NO	·		
1. DECEA	ASED NAME FIRST	MIDDLE	į.	AST		20 DATE OF DE	ATH A	AONTH D	AY YEAR	2b. HOUR
(TIPE OR	BARBARA	m.	BRAUER		- 1	July 3	13.	1984	1	7:55A
3 SEX	4 4	RACE	5. DATE C)F BIRTH	6	AGE (IN YEARS			IF UNDER I YEAR	IF UNDER 24 HRS
6	MALE 1	11/1:56	MONTH	DON 10	ona	115		A	ONTHS DAYS	HOURS MIN
FEI	MALC L	DHIJE		25	7/26	100	1171/01	YRS.	OFFICE	
BIRTH	TPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT C	OUNTRY? 8 MARRIEI	D NEVER MAR	RRIED -	BASTIMORE C	JIY OF	COUNTY	OF DEATH	
mai	RYLAND	U.S.A	WIDOWE			DALTI	m	ORE	01	TY N
TR. CITY	OR TOWN OF DEATH		IL, NURSING HOME C	R OTHER INSTITU	TION	120 USUAL OCC	UPATIO	N	12b. KIND C	F BUSINESS O
ma	Q-VIAND Y	TINDAL	GWELL CONT	11		TIPE OF WORK FOR	MOSTOR	FER	INDUSTRY	,
LiettAL	RESIDENCE IN HURSING HOME OF OR	HER INSTITUTION GIVE RESID	DENCE BEFORE TOMISSION)	7-	- 1	I UIIIE		1401	212	24%
MA	CYLAND IN COUNTY	BA	FIMIRE	YES X NO	LIMITS?	139 STREET ADD	PESS /	ZIP CODE	1000	AVE
14 EATH	I FIRST LAND	on GIA	MAG	15. MOTHER'S M.	AIDEN NAM	FT 11 M	DDLE /	11/7	TED"	51
100	S DECEASED EVER IN U.S. ARMI	DEODCESS 145 SO	CIAL SECURITY NO.	17 INFORMANT	(HI)t	111	ADDRES	141	T/C-	7
	NO OR UNKNOWN) (IF YES, GIVE V		CIAL SECORITY NO.	DENISE	FRA	WKE A	160	126	LEAAR	m Av
18	CAUSE OF DEATH (Enter only	one couse per line for	(a), (b), and (c)						APPROX	MATE INTERVAL
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		DUE TO, OR AS A C	RIOR MYO	CADDIAL	T NIE 7	DOME	т			
	Conditions, if any, which gove rise to immediate	(p) AIV II	WIOK MIO	CARDIAL	TIALE	ARCTION	٧			
	couse (o), stoting the	DUE TO, OR AS A C	ONSEQUENCE OF							
-	inderlying cause last.	(c)								
P	ART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBL	TING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OF	RCONE	ITION GIV	EN IN PART 1	ō
S S										
CERTIFICATION	DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY	(?	20b IF YES	, WERE FINDE	NGS USED
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Ē -	a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	V	21c HOW INJUR	av occupan	1			5	ИО 🗌
	OR CONTRIBUTING CAUSE OF DEATH	11010 111 116	ONTH DAY YEAR	210.110W 11430F	VI OCCORRE	D (ENIER NATURE	OF INJUR	Y IN HEM IS P	ARI I OKPARI 2}	
3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				- 3			
MEDICAL	Id. INJURY OCCURRED	21e. PLACE OF INJU		21f LOCATION		CI.	Y OR TOV	VN	COUNTY	STATE
	WHILE NOT WHILE	(AT HOME, STREET, FACTO	DRT, OFFICE, FARM, ETC.)	1.0						
2:	20.1 certify that (I) this houghting	Intended the decep	sed from	113,	84	10_Jul	37	1 3	19 01	that (I) (we)
				nd that in (my) ou	popinion de			te and hou	-	
1	bow. the decorred give on obove, (f) (we) (did vided not) 25. SIGNATURE	view the bedy after de	oth.	DEGREE					22c DATE	SIGNED
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20	M PHYSICIAN NAME I'M OF			22e ADDRESS	CHUF	RCH HOS	PI	ral		
	J. Mannisi,	M.D.		100 N.	Broa	dway,	Bal	Ltimo	re, MD	2123
73a. (90)	L, CREMATION, REMOVAL	23b. DATE/	23 MAME OF C	EMETERY OR CRE		INSTOCATIO	şvi .	L		4.4
10	11/1 RIA!	7/11/8	HUAK	1/11/1/		1700	71	nnn	ny	117
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DHMH - 16 50M 4/83 (VRA 15, 4)

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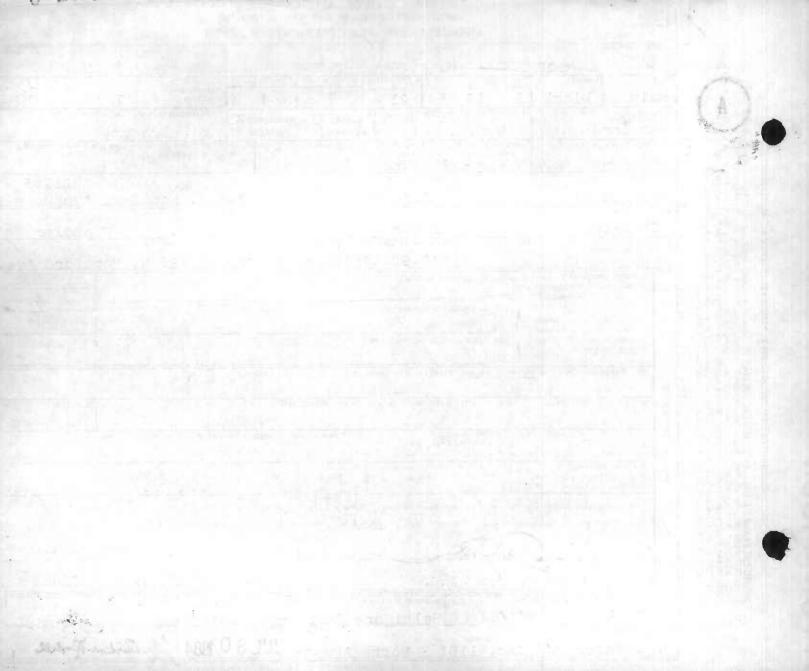
		1.	FOR STATE REGISTRAR		(DEPARTMENT O	TE OF MARYLAND HEALTH AND MENTAL H IFICATE OF DEATH	YGIENE 8	REG. NO.	8 4	3 /
			CEASED NAME	FIRST	MIDDLE	TE TE	LAST	20. DATE OF	DEATH MONTH	DAY YEAR	26. HOUR
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	-	3. SE		4	RACE		OF BIRTH	6. AGE IN YEA	RS LAST BIRTHDAY)		
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f. u	1	10. C	TY OR TOWN OF DEAT	Ή 1	1. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL O	CCUPATION	12b. KIND	
~	140		BAltimore	9100	St. Agn		ital				
0.0	e le	USU	AL RESIDENCE (IF NURSIN		THER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSIO	1 13d. INSIDE CITY LIMITS				311111
filler	35		Maryland			timore	YES X NO				28 Amberly
2 sh	iner		THER'S NAME				15. MOTHER'S MAIDEN		ADDRESS / ZIP CODE Amberly Ave 2122 MIDDLE LAST MAN ADDRESS rautigan 4728 Amh		
ond	E C					IAST	Catherin	ne Adelr		L/	AST
d cor	00	16a V	VAS DECEASED EVER I	U.S. ARM	ED FORCES? 166. SOC	IAL SECURITY NO	17. INFORMANT	RETALH HYGIENE EATH REG. NO. 26 DATE OF DEATH MONIH DAY YEAR 26. HOUR O7-27-814 J. D. M. 07-27-814 J. D. M. O7-27-814 J. D. M. 08			
Poges	Dec /			(IF YES, GIVE	AR OR DATES	-01-602	5 Mrs Eliza	heth R	entican	1728	Amboxla
gned by the ottending in please remove corbi buriol, cremotion, or r	iry, or other troumotic event,	7	Conditions, if ony, gove rise to imm couse [o], stofing underlying couse	MMEDIATE which ediote the lost.	DUE TO, OR AS A CO	ONSEQUENCE OF	le stro	FO.	TS45	(
per	oliui kuo swot	TIFICATION	19a DATE OF OPERAT	ON	196. CONDITION FOR	R WHICH OPERAT	ON WAS PERFORMED		IN CERT	IFYING CAUSE	APPROXIMATE NUTRY APPROXIMATE NO CAUSES OF DEATH? PART 110 EFINDINGS USED CAUSES OF DEATH? NO CAUSES OF DEATH? TO APPROXIMATE NOT CAUSES OF DEATH? TO APPROXIMATE NOT CAUSES OF DEATH? NO CAUSES OF DEATH? TO APPROXIMATE STATE TO APPROXI
100 ha	9 mg 18 st		OR CONTRIBUTING C	USE OF DEATH	HOUR A.M. MOR		R	URRED (ENTERNATI	IRP OF INJURY IN ITEM IB	PART 1 OR PART 2]	
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for use of Healt	21 is mo		sow the deceased	d olive on_	7/27	19 6	and that (in (my) (our) opini	on death occurred	on the date and ha	ur and from the	that (f) (we) last e couses stated
_ + o	NT		226 SIGNATURE	1	1 low	4	PHISICIAN	MEDICAL DIRECTOR		22c. DAT	E SIGNED
etoined by the TO FUNERAL I should be deto with the State I	MPORTA		more	eli	no D. A16	buerm	220 ADDRESS	Agn	es Hrs	p. 1	
		23a E	SURIAL, CREMATION, R	EMOVAL	23b. DATE	23t NAME OF	CEMETERY OR CREMATOR	Y 23d LOCAT	NON Frown	COUNTY	STATE
	- 6				30 July	84 Loud	on PArk Cen	ne Balt	imore C	FUNDER I YEAR BUNDER TO HES MONTHS DAYS HOURS MIN. IF UNDER I YEAR BUNDER TO HES MONTHS DAYS HOURS MIN. IT OF DEATH TY MD. APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH THE MONTHS DEATH THE MONTHS DEATH TO	
16 50M 4/	83	24. FU	JNERAL DIRECTOR			ADDRESS	25a. C	ATE REC'D. BY RE	SISTRAR 256 REGIS	TRABASSING!	AG K
RA 15, 4)	THE FATHER'S NAME Charles Brautigan Ca 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (187 WAS DECEASED EVER IN U.S. ARMED FORCES? (187 WAS DOOR UNKNOWN) IN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse jol, stating the underlying couse lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PEI 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PEI 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INDURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INDURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INDURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCURRED 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 INJURY OCCURRED 210 INJURY OCCURRED 210 INJURY OCCUR	ur Sp Rhull	TOOB	7 4							
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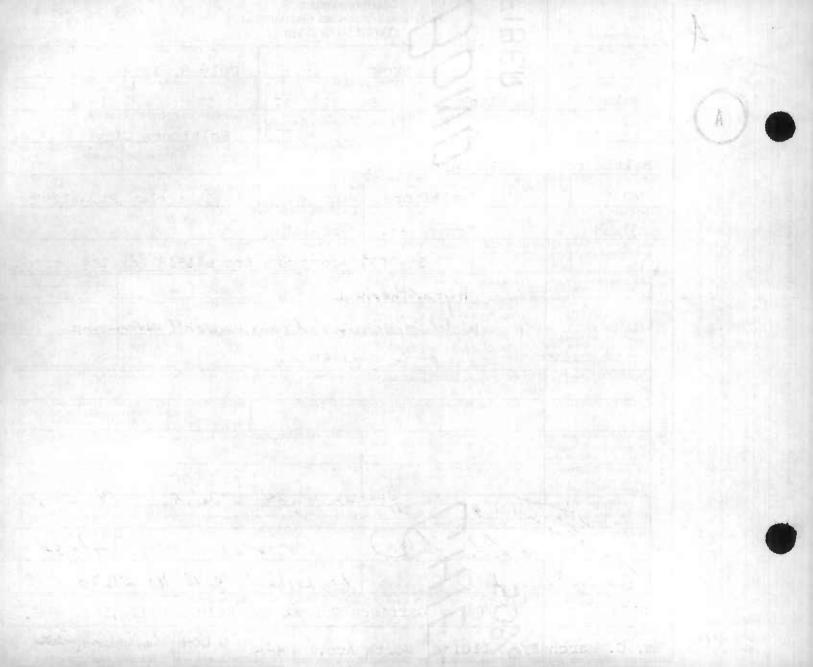
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2b. HOUR L DECEASED NAME MONTH (TYPE OR PRINT) 4. RACE IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? In BIRTHPLACE MARRIED NEVER MARRIED COUNTRY MARYLAND WIDOWEDTX DIVORCED BALTIMORE CITY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SEAMSTRESS CLOTHING USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BE 13b. COUNTY 13d INSIDE CITY LIMITS? TIMORD YES XX NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE NAROVLANSKY **BABONNA** UNKNOWN MAYER 166 SOCIAL SECURITY NO. 17 INFORMANT MR. EARL ERDMAN 117 CARLIE RD. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) WILMINGTON, DE 19803 213-01-3252 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) EQUENCE OF reumania Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO YES [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED TIA PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an that in imy) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (ye) (did) (did not) view the bath after death 22h, SIGNATUA 22c DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN SHAME (TYPE ORPRINT) MPORTAN 22e ADDRESS d b DORZalez, MO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL JULY 19,1984 CITY OR TOWN COUNTY MARY LAND AITZ CHAIM BALTIMORE BP SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Culia Laydson 6010 REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4)

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23-5		Calculation of the LUIT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DATE KNOWN IX DECEASED NAME 7h HOUR (TYPE OR PRINT) OF ESTI-W. 28 1084 ES. ES. MICHAEL. BROOKS 4 RACE SEX 5 DATE OF BIRTH AGE (IN YEARS | IF LINDER 1 YR IF UNDER 24 HRS 2d. HOUR 2c. DATE MONTH 2:30 LAST BIRTHDAY) PRONOUNCED black 3 male 12 63 DEAD 28 19 84 21 YRS 7g. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.A. WIDOWED [Baltimore City DIVORCED II. CITY OR TOWN OF DEATH 17a LISUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS FOR MOST OF WORKING LIFET OR INDUSTRY 18. GIVE PAGES 1, 2, AND 3 TO TH 5. WITH FORM PM 3. RETAIN PAC MT. PAGES 1 AND 2 SHOULD BE FIL 5. DIVISION OF WITAL RECORDS, 20 Johns Hopkins Hospital Baltimore USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21205 13a STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 113b. COUNTY Maryland Baltimore YES T 825 N. Montford Avenue NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Thessie Brooks Rosa Y. Chandler 7 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-92-0951 Rosa Y. Brooks 825 N. NO Montford APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lvina cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? STATE DEPARTMENT OF HE , 21201 PRIOR TO BURIAL, YES NOX BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR WANNONTH DAY YEAR UNDERLYING A OR Subject hanged self. CONTRIBUTING CAUSE OF DEATH 1 - 45M. 7-25- 1984 21d INJURY OCCURRED TIE PLACE OF INJURY (ATHOME 211 LOCATION AT WORK NOT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) Md. 825 N. Montford Ave., Balto. home 22a I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my apinian Suicide X Homicide Undetermined manner Natural causes Accident TITLE (SPECIFY) 7-29-84 Assistant MEDICAL EXAMINER SIGNATURE 21201 Ann M. Dixon, M.D. 111 Penn St., Balto., Md. TYPE OR PRINTS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BURIAL 8/2/84 Baltimore Baltimore Cemetery BP 24. FUNERAL DIRECTOR **DHMH - 17** JUL 30 Sia Davidson Wm C March F/H Inc. 1101 E North Avenue (VR A15 ME (5)) 20M 4/82



		2/10/04 mtD 上帯570 FOR STATE		TE OF MARYLAND HEALTH AND MENTAL HY	GIENE 4	8440
(R)	1. DE	REGISTRAR CEASED NAME FIRST PE OR PRINT)	MEDICAL EXAMIN	ER'S CERTIFICATE OF	2a. DATE KNOWN T	O. MONTH DAY YEAR 76 HOUR
	3. SE	DANIEL X 14. RACE 15. DATE	BROUGHT OF BIRTH 6. AGE (IN YE.	ARS IF UNDER 1 YR. IF UNDER 2	DEATH MATED	7-6-84 19 M
ARY PUREC	n	irthplace (Statyon 16. Cit)	DAY YEAR LAST BIRTHD	AY) MONTHS DAYS HOURS	PRONOUNCED DEAD	TE MONTH DAY YEAR 2d HOUR TE MONTH DAY YEAR 2d HOUR UNCED 7-6-84 19 ZPM M IMMORE CITY OR COUNTY OF DEATH TIMORE CITY OR COUNTY OF DEATH TO RESS OR INDUSTRY MIDDLE TAST ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES KX NO TOWN COUNTY TOWN COUNTY STATE TY OR AND INDUSTRY TY OR AND INDUSTRY TY OR AND INDUSTRY AMINER DATE SIGNED 7-7-84
NECESSARY FUNERAL DIR FOR PYOU WITHIN 72	1/3	3975. md	11,5,A	* MARRIED NEVER MARRIEI WIDOWED DIVORCEI	Baltimore	City MD.
S E S E S		(IF N	AE OF HOSPITAL, NURSING HOME OT IN SUCH FACILITY, GIVE STREET ADDRESS) hns Hopkins Hosp		FOR DOS OF WORKING LIFE)	OR INDUSTRY
E, MD. 21201 ATH. IF ANY DELA S1, 2, AND 3TO NP. SHOULD BE! WHAT SHOULD BE!		AL RESIDENCE (IF IN NURSING HOME OR OTHER IN STATE 13b. COUNTY)	STITUTION SIVE RESIDENCE BEFORE ADMISSING TOWN	DN)	36 STREET ADDRESS	Land AUR
E, MD.	14. F	ATHER'S NAME	Beneath	15. MOTHER & MAIDEN	NAME) MIDDLE	S: Ops
BALTIMORE, MD. S.RS AFTER DEATH. IF. S. GIVE PAGES 1, 2, WITH FORMUR 3. I. PAGES 1 AND 2. DIVISION OF EMPL.	2 16a.	WAS DECEASED EVER IN U.S. ARMED FOR YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DA		YNO. 17. INFORMANT	ADDRESS ADDRESS	20794
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DIVISION OF S CERTIFICAT RITING THE V ROED TO THE E 3 SHOULD E PERARIME	MEDICAL CERTIFICATION	CONTRIBUTING CAUSE OF DEATH	P.M. 7-?- 1984			
DIVISION OF VITAL RE THIS CERTIFICATE SHOULD E. WRITING THE WORD."PE WARRDED TO THE CHIEF AV SAGES SHOULD BE USED A STATE DEPARTMENT OF HER ZYZO PRIOR TO BURIAL, C.	WEL	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET ?	CITY OR TOWN	? COUNTY STATE
문 A O F 등 등	7	27a. I certify that I laak charge of the a	7/ / 7	Autopsy , Inspection	Undetermined manner .	nd in my apinian
TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FA PAGE 4 SHOULD BE FA AFTER DEATH, WITH THE BALTIMORE, MARKIAN		ACTUAL SIGNATURE	y truy of M	M.D. Assistant	MEDICAL EXAMINER	DATE 7-7-84
WEDICA CUTETH NE 4 SH FUNERA TIMORE	7	EXAMINER'S NAME Dennis F	. Smyth, M.D.		n Street	SIGNED
	.230.1	BURIAL CREMATION, REMOVAL 236 DATE	13-84 Man of GEN	-	23d. LOCATION CITY OR TOWN	SANTY GATE)
BP	24	UNERAL DIRECTOR NAME	ADDRESS	250. DATE RE	C'D. BY REGISTRAR 256 REG 1 7 1984	ISTRAR'S SIGNATURE
(VR A15 ME (5))	1	asepp Li luss	1222 WiNorh	7 HUE, JUL	1 1 1304	



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRA	R		DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N			
1. DECEASED NA			MIDDLE	L.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYPE OR PRINT)	JAMES	3	0.	BRO	OWN		7	3 84	154 PM
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
MALE		WHITE		12	1 42	41	YRS.	MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE COUNTRY)	(STATE OR FOREIGN	7b. CITIZEN OF		MARRIEI	NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
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BALT	0	W. of	MA	HOSP	i fer (120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Maintance	F WORKING		OF BUSINESS OR
USUAL RESIDEN 130 STATE Marylar	CE (IF NURSING HOME C		Balti	RTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COL	DE treet 2	1230
M. FATHER'S NA					15. MOTHER'S MAIDEN NA	ME			
Jan	ī	M.	Br	own	Lillian			Franc	is
	SED EVER IN U.S. A		16b. SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRI	ESS		
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	THER SIGNIFICANT	CONDITIONS		G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN PART 1	σ,
19a. DATE (OF OPERATION	196 CONE	- 4	-/ -/	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDI FIFYING CAUSES YES	
00.001/20/	ENT WAS UNDERLYING BUTING CAUSE OF B	EATH HOUR A		H DAY YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	B PART TOR PART 2)	
0	NOTIFY MEDICAL EXAMIN		OF INJURY	19	21f LOCATION				
WHILE AT WORK	NOT WHILE			OFFICE, FARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE
220.1 certi	fy that (1) (this has	pital) attended t	he deceased	from July	19 84	10 JULY	3	19 84	that (I) (we) last
sow above	he deceased alive a , (I) (we) (did) (did)	not) view the bod	y ofter death.	19 84 , 01	nd that in (my) (our) apinion	death occurred on the d	ate and h	our and from the	causes stated
221 SIGN			lan		ATTENDING	MEDICAL STA	FF CIANIEL		3-84
221 PHYS	CIAN'S NAME (TYPE	E OR PRINT)	LING)	220. ADDRESS Deft Me			1	
	MATION, REMOVA	AL 23b DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
(SPECIFY)	Burial	7/7/8	4		ill Cemetery	Brooklyn			laryland
24 ELINERAL DI	DECTOR			21220	25a DA	TE REC'D BY REGISTRAS	25haREGI	STRAP'S SIGNA	TIIRE .

DHMH - 16 50M 4/B3

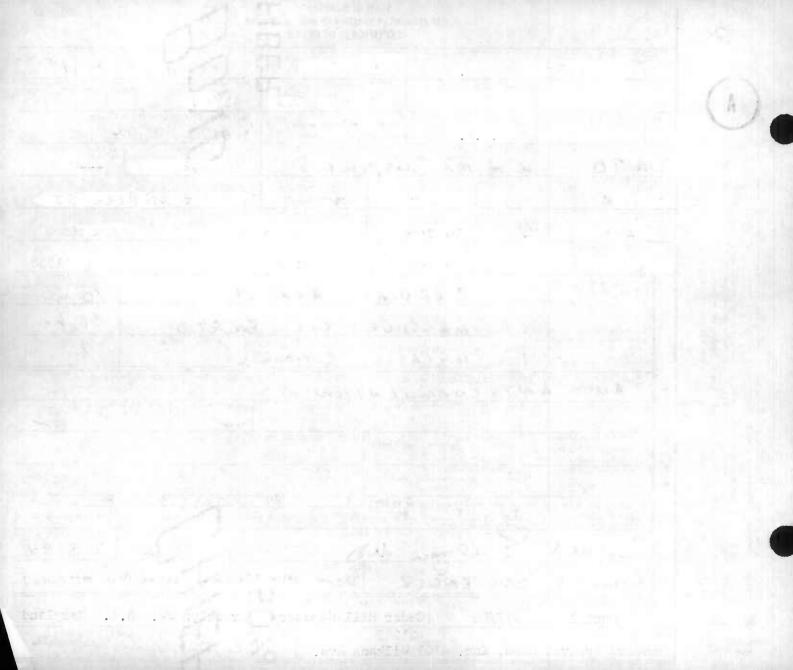
TO FUNERAL DIRECTOR: A shauld be detached far use with the State Dept. af Heal

(VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

JUL 6

1984 The Davidson Randelle



x undron fande PR

Leonard J. Ruck, Inc. Baltimore, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

CERTIFICATE OF DEATH

FOR 1 - STATE

PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

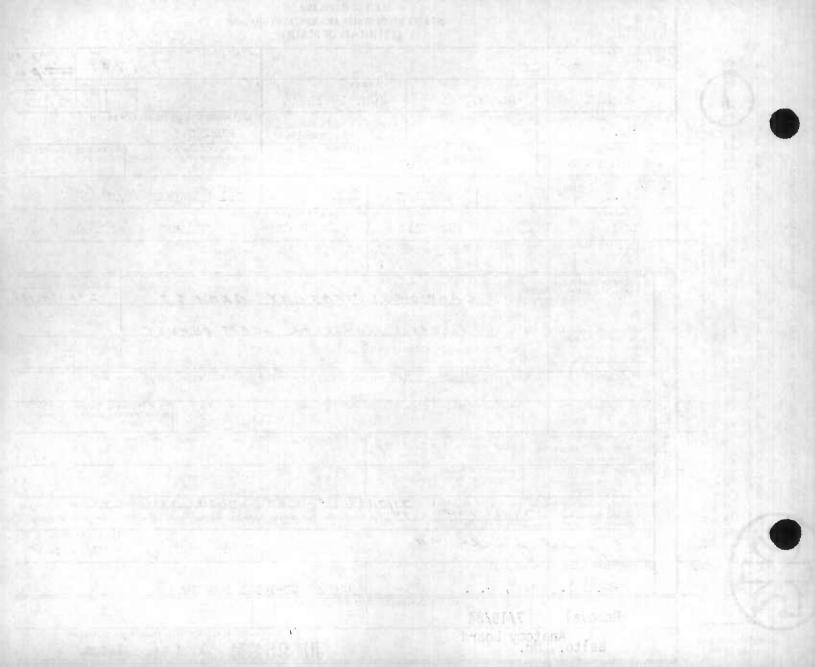
REGISTRAR

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(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

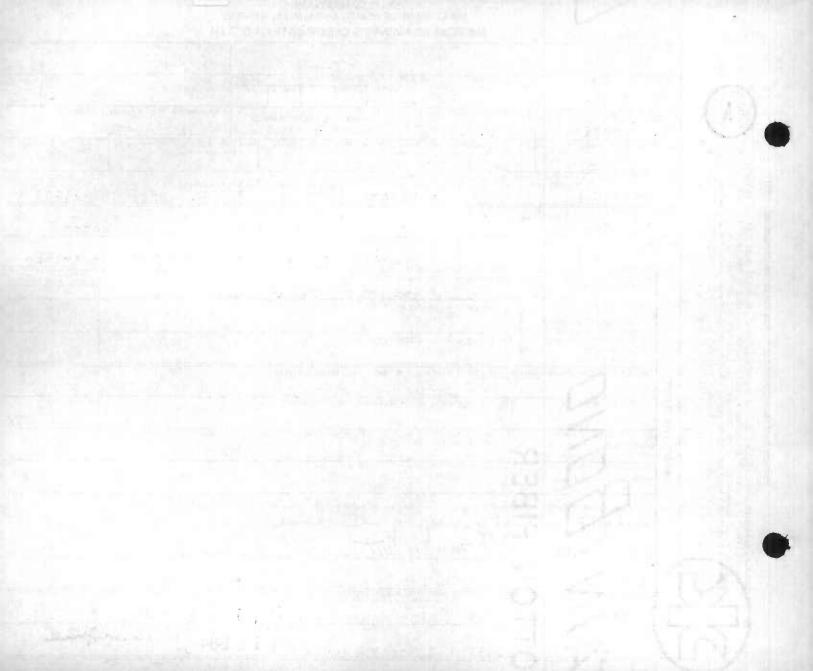
ł	FOR	DEPAR	TEMENT OF HEALTH AND MENTA	L HYGIENE Q	0
ı	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Ì	1. DECEASED NAME FIRST	WIDDLE	LAST		20 11001
	ELEA		BROYLES		34 CM
ı	3. SEX	4 RACE			
1	Female	White	Feb. 26, 1896	6 88 yrs.	
1	COUNTRY)		MARRIED NEVER MARRIEI	D '	
4					
		I IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
4				Homemaker	Own Home
4			OWN 13d INSIDE CITY LIM		
2	MD	Baltir	11010		es St., 21218
ı		MIDDLE LAST	15. MOTHER'S MAIDE	MIDDLE	LAST
2	James				Wilson
I	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			
Į	No	216 46	1142 Eleanor	C. Wright, Austi	
	18 CAUSE OF DEATH (Enter on	y one couse per line for (o), (b),	ond (cu)	x 40.0.100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı			to the mean	1 juille	SWES
1		DUE TO, OR AS A CONSEC	DUENCE OF	D. 0.0.0.0	115010
d	Conditions, if any, which	(b) W	many mean	- Salette	years
	cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
1		(c)			
		ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVI	EN IN PART 110
1	NO LATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
	E .				
1	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY O		
		J.B.			
i	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		COUNTY
١	WHITE NOTWHITE	(AT HOME, STREET, FACTORY, OFFIC	E FARM, ETC) STREET	CHY OR TOWN	STATE
1		iol) attended the deceased from	n	(01 to 7 130	19, that (l) (ye) lost
ı	sow the deceased alive on obove, (1) (war do (did no	19 view the body after death.	, ond that in (my) (our o	pinion death occurred on the date and hour	and from the causes stated
ı	22b. SIGNATURE	W. #7	DEGREE		22c. DATE SIGNED
	NW 2-6	salo	PHYSIC		1731184
٦	22d. PHYSICIAN'S NAME (TYPE O	R PR(NT)	22e. ADDRESS		
	ERGISTRAR CERTIFICATE OF DEATH REG NO. REGISTRAR REG NO. REG NO.				
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)			CITY_OR TOWN	
J		1/31/84		,	
	NAME Henry	W. Jenkins	a sons co.	1 / 4	RAR'S SIGNATURE
-1	14905 York Road	Balto., MD	21212	AUG 2 1984 w	aurason gandell

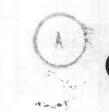
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REGISTARE MEDICAL EXAMINER'S CENTIFICATE OF DEATH REG. NO. DECEASED NAME (PRECISEARY) Elizabeth Flizabeth Flizabet	٦		FOR				NT OF HEALT		NTAL HYGIE	NE 4	18	4	9
Elizabeth Bryant Bry	2				ME	DICAL EX	AMINER'S	CERTIFICA	ATE OF DE	ATH REG	G. NO.		
Elizabeth Sake						MIDDLE		2710		20. DATE KNOW OF ESTI-	HTHOM XX		26. HOUR
Female Black 9 2 16 67 vs. Active A				Eliz						DEATH MATE	D .		
The presentance of the control of the protection of the control	F	3. SEX		4. RACE	5. DATE OF BIRTH						HINOW		
N. Carolina U.S.A. WIDDER MARRIED DEVER MARRIED Baltimore City, M. D.	l	F	emale	Black	9 2	16 6	7 YRS.						a: 40
N. Carolina U.S.A. WIDOWE & DNORED BAltimore City, who work of the subject of the	ĺ			ATE OR	76. CITIZEN OF W	HAT COUNTRY	? 8. MAF	RIED NEVE	R MARRIED	9. BALTIMORE C	ITY OR COUN	TY OF DEATH	
Baltimore 304 N. Carey Street Street Stree	ı	N	. Caro		U.S	.A.	WIDC	WED 🖳	DIVORCED [Baltim	ore Cit	У,	MD.
SUNAIL RESIDENCE of the Newsparks round of Origine Resiliations, one resolutions, one resolutions and resolutions and resolutions and resolutions. 30.4 N. Carey St. 21223		10. CF			(IF NOT IN SUCH FA	ACILITY, GIVE STREET	ADDRESS)	THER INSTITUTION					
Maryland Baltimore VESTX NO 304 N. Carey St. 21223	1		L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFO	RE ADMISSION)	liza INCINE CITY	111111111111111111111111111111111111111	TOFFT ADDRESS			
IN FATER PS NAME No No No No No No No N			-		11						arev S	t. 212	23
William Nelson Josephine Moore No	ŀ	14. FA	THER'S NAME					15. MOTHER					
INDICATE			Willi	am	WIDDLE		n			WIDDLE			
IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular DIsease APPROXIMATE WINEYAM SERVEY PART I DEATH WAS CAUSED BY.	ŀ	160. V	AS DECEASE	DEVER IN U.S. AR		16b. SOCIAL	SECURITY NO.			ADD			
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Arteriosclerotic Cardiovascular DIsease Conditions, if ony, which give rise to immediate couse (o) indight burder. (c) Conditions, if ony, which give rise to immediate couse (o) indight burder. (c) DUE TO, OR AS A CONSEQUENCE OF				(IF YES, GIVE	WAR OR DATES)	250-6	0-4434	Jame	s Brva	nt 1321	Walte	rs Ave	nue
PART I DEATH WAS CAUSE (a) MEDIATE CAUSE (a) Arteriosclerotic Cardiovascular DIsease Conditions, if ony, which gove rise to immediate couse (a) storing the under- lying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Carcinoma of Oropharynx 1% DATE OF OPERATION 216. EXTERNAL CAUSE WAS UNDERSTOOD OF DEATH ON AM. MONTH DAY YEAR ON THE OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS UNDERSTOOD OF DEATH OF OPERATION OF OPERA			18 CAUSEO	F DEATH (Enter an	ly one cause per line	e far (o), (b), on	d (c).)					APPROXIMA	TE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under- lying couse last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Carcinoma of Oropharynx 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES NOXX 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES NOXX 100. AUTOPSY? YES NOXX 110. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 210. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 210. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 210. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 210. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 210. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 310. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 311. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 312. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 323. EXPLANT OF THE SECRET OF THE STREET SHOWN IN ITEM 18 PART 1 OR PART 2) 324. EVILENCE OF THE STREET SHOWN IN ITEM 18 PART 1 OR PART 2) 325. EXCENTION COUNTY IN ITEM 18 PART 1 OR PART 2) 326. DATE RECORD OF THE STREET PART 2 SHOWN IN ITEM 18 PART 1 OR PART 2) 326. DATE RECORD OF THE STREET	ı			ATH WAS CAUSE	D BY:			ic Card	liovascu	lar DIsea	se	BETWEEN ONS	ET AND DEATH
Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse last. FART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (ONDITION GIVEN IN PART 1 (a)). FART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (ONDITION GIVEN IN PART 1 (a)). FART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (ONDITION GIVEN IN PART 1 (a)). Carcinoma of Oropharynx				IMMEDIA				ic care	i TO V G D C C	Har Dieca			
DUE TO, OR AS A CONSEQUENCE OF Lying couse lost. Carcinoma of Oropharynx 19a Date of operation 19b Conditions contributing to death but not related to the terminal disease or condition given in part 1 id.	П		Condition	ns, if any, which	1								
Jying couse lost (c)						AS A CONSEC	NIENCE OF						_
Carcinoma of Oropharynx 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20, AUTOPSY? YES NOXX NOXX 216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 HOUR A.M. MONTH DAY YEAR 19 HOUR A.M. MONTH DAY YEAR 19 YEE NOXX 1714 YEE YE	l				00210,00	AS A CONSEC	70EIACE OI						
Carcinoma of Oropharynx 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20, AUTOPSY? YES NOXX NOXX 216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 HOUR A.M. MONTH DAY YEAR 19 HOUR A.M. MONTH DAY YEAR 19 YEE NOXX 1714 YEE YE	ı		DADT 2 OTHER CA	CHECANT CONDITIONS	(c)	BUT NOT BELLIED I	O THE TERMINAL DICE	ACT OR COMOUTION C	OFFI IN BARY S				
AT WORK AT WORK 220. I certify that I took charge of the remains discretized above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes	۱	z	TART Z OTHER 30	OHII ICARI CORDITIONS	CONTRIBUTING TO GEATH								
AT WORK AT WORK 220. I certify that I took charge of the remains discretized above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes	l	110	19a DATE OF	OPERATION	TION CONDI							In AUTORS	/2
AT WORK AT WORK 220. I certify that I took charge of the remains discretized above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes	1	FICA	IN DAIL OF	S. EKATION	178 CONDI	INCIATOR WITH	CHOILKAIION	THE TENIONNI					
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AT WORK AT WORK 220. I certify that I took charge of the remains discretized above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes	ĺ	I CE	UNDERLYING	OR	HOUR A.A				CCORNED TENT	EL PRIORE OF HAJORI IN II	LON TO FART TORP		
AT WORK AT WORK 220. I certify that I took charge of the remains discretized above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes		NCA						OCATION		-			
AT WORK AT WORK 220. I certify that I took charge of the remains discretized above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes		MEC	1.1				THOME,			CITY OR TOWN	C	YTHUC	STATE
death resulted from: Natural causes XX finition Suicide Hamicide Undetermined manner ACTUAL SCHAPLE ASSISTANT MEDICAL EXAMINER DATE SIGNED 7-9-84 EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. ADDRESS 111 Penn Street 236. BURIAL, CREMATION, REMOVAL 238 DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE BURIAL 7/11/84 King Memorial Park Randallstown Md 24 FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME NAM			AT WORK	AT WORK									
EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. ADDRESS 111 Penn Street 236. BURIAL, CREMATION, REMOVAL 238. DATE (SPECIFY) (SPECIFY) BURIAL 7/11/84 King Memorial Park Randallstown. Md. 24 FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR SIGNATURE NAME ADDRESS 111 Penn Street 236. DATE REC'D. BY REGISTRAR SIGNATURE NAME ADDRESS 111 Penn Street 236. DATE REC'D. BY REGISTRAR SIGNATURE NAME ADDRESS			22a. I certi	fy that I took charg	ge of the remains de	scribed abave,	neld an Aut	opsy ,	Inspection .	Inquiry XX	ond in my o	pinion	
EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. ADDRESS 111 Penn Street 236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) (SPECIFY) ADDRESS 1236. LOCATION CITYOTOWN CITYOTOWN ADDRESS 24 FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS 250. DATE REC'D. BY REGISTRAR 256. RECYSTRAR'S SIGNATURE NAME ADDRESS ADDRESS ADDRESS ADDRESS	I		death result	ed from: Natu	rol causes XX	Acidient	, Suicide	, Hamicid	le Und	letermined manner			
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24 FUNERAL DIRECTOR NAME 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 2111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					Kir	o Memo	rial P					
	1		NERAL DIREC		11/200		- IICIIIO			BY REGISTRAR 25b.	REGISTRAR'S	SIGNATURE	,
Wm C March F/H Inc. 1101 E North Avenue JUL 1 U 1904 0	l	T ₄ T ₁ Tm		cch F/H			Iorth A	venue	JUL 10	1984	m purituo		4





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- Orris

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH BUCKINGHAM JULY 6, 1984 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

REGISTRAR DECEASED NAME LIYPE OR PRINTS ION ELIZABETH 3. SEX 4. RACE FEMALE CAUCAS. To BIRTHPLACE I STATE OR FOREIGN

7h CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

YEAR 10/9/1902 MARRIED NEVER MARRIED WIDOWED

9. BALTIMORE CITY OR COUNTY OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY 120. USUAL OCCUPATION STENO

81

13e STREET ADDRESS

318 GRALAN

(TYPE OF WORK FOR MOST OF WORKING LIFE

12b. KIND OF BUSINESS OR INDUSTRY Awning Co.

2h HOUR

3:08P

IF UNDER 24 HRS

ST.AGNES HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN BALTIMORE SAME

Preston

IS MOTHER'S MAIDEN NAME Zepp

Daisy 17 INFORMANT

13d. INSIDE CITY LIMITS?

MIDDLE S. ADDRESS

Bopst

4 FATHER'S NAME Peter

MARYLAND

BALTO. MD.

10 CITY OR TOWN OF DEATH

BATTIMORE

STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN HE YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

16h SOCIAL SECURITY NO 212016736

Betty Jane Whipps

Same as # 13

ROAD 21228

IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a), stoting the

No

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR ASAA CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

underlying cause lost.

PART I. DEATH WAS CAUSED BY:

190 DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

216. TIME OF INJURY

HOUR A.M.

FAKHOURI M.V

Leroy Russell C. Witzke Funeral Homes P.A. 250.

1630 Edmondson Avenue, Catonsville, Maryland21228

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED M CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

P.M 21e. PLACE OF INJURY

MONTH DAY YEAR

84

hematoma (

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

22r. DATE SIGNED

MEDICAL

CERTIFICATION

00

0

MPORTANT

the

NOT WHILE

22d PHYSICIAN'S NAME CLYPE OF PRINT

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY

STATE

220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death

22b. SIGNATURE

DEGREE

22e. ADDRESS

MEDICAL DIRECTOR | PHYSICIAN

Md .

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL CREMATION, REMOVAL 7/10/84 Burial

231 NAME OF CEMETERY OR CREMATORY Mount View Cemetery

Marriottsville

23d. LOCATION

AUL CHEMINE THE PARTY OF 1 10 A

was	1.	FOR STATE		DEPAR	TMENT OF H	OF MARYLAND		E 8 4	9	8	4	5 2
(B)		REGISTRAR				ICATE OF DEATI		REG.				
		CEASED NAME FIR	51	MIDDLE		AST .	20	DATE OF DEATH	MONTH	DAY	84	2b. HOUR
ego de ou		MONICA	la y			ILL		105	7	15		1015
ge 4 mc ector. p	3. SE	FEMALE	1. RACE BLACE	K	5. DATE C		FAR	33	YRS	HIMOM	DER I YEAR	HOURS M
nerol dir n 72 hau		RTHPLACE STATE OR FOREIG	The second secon	WHAT COUNTRY	/? 8. MARRIE WIDOWE	DE NEVER MARRIE	IED 🛄	BALTIMORE CITY		ITY OF D	EATH	
rs ofter de by the fun filed within	Ka	ALTIMORE		HOSPITAL, NURS	ING HOME (OR OTHER INSTITUTION	ON 12	a. USUAL OCCUPA TYPE OF WORK FOR MOS	TION		b. KIND O	F BUSINESS (
filled in I	USU 13a	AL RESIDENCE HE NURSING HE	OME OR OTHER INSTITUTION COUNTY		DRE ADMISSION)	13d INSIDE CITY LIA YES TO NO		STREET ADDRESS			+ c 7	2121
mpletely and 2 sh	14. F/	J.C.	WIDDLE	Tyson		15. MOTHER'S MAID Ann	DENNAME	WIDDLE	K IIE		nkne	
Poges 1	16a \	VAS DECEASED EVER IN U	S. ARMED FORCES? (ES, GIVE WAR OR DATES)	16b SOCIAL SEC		17 INFORMANT Charles	Bull		Park	Hei	ghts	s Aye
requires that the dear een signed by the atter 1. Then please remove or to burial, cremation, y injury, or other traum	MEDICAL CERTIFICATION	Conditions, if ony, whi gave rise to immedia cause (a), stating t underlying cause lo PART 2. OTHER SIGNIFIC	te he st. DUE TO, O	r as a conseq	UENCE OF	NOT RELATED TO TH			NDITION (GIVEN IN	PART 110	
he law ion. hos be if permi		19a DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES □ NO 🗗	IN CER	YES, WER RTIFYING YES []	RE FINDIN CAUSES	GS USED OF DEATH? NO [
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BP		BURIAL, CREMATION, REM	7/20/	84	Mt. A	emetery or crema uburn Cei	m .	23d LOCATION CHYOR TOWN Balt:	imore	e 00	NTY ∽	MD
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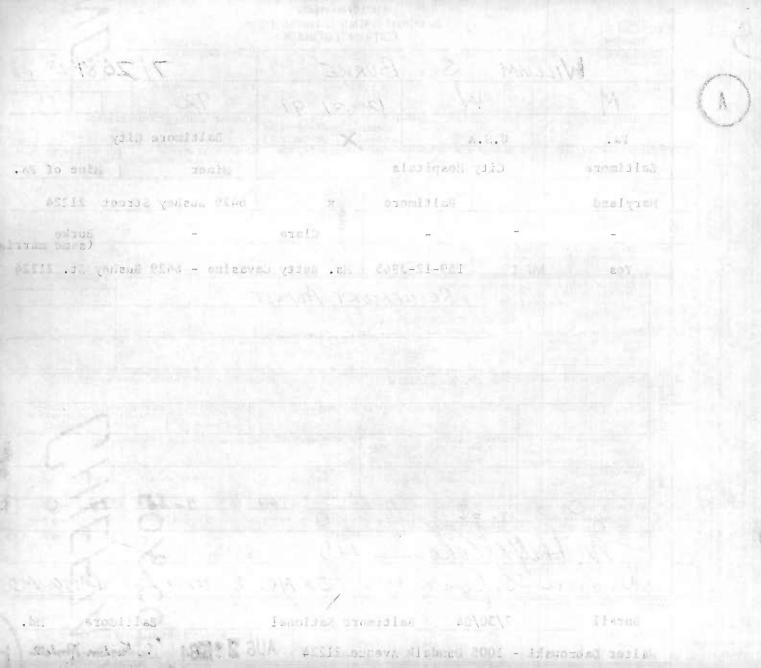
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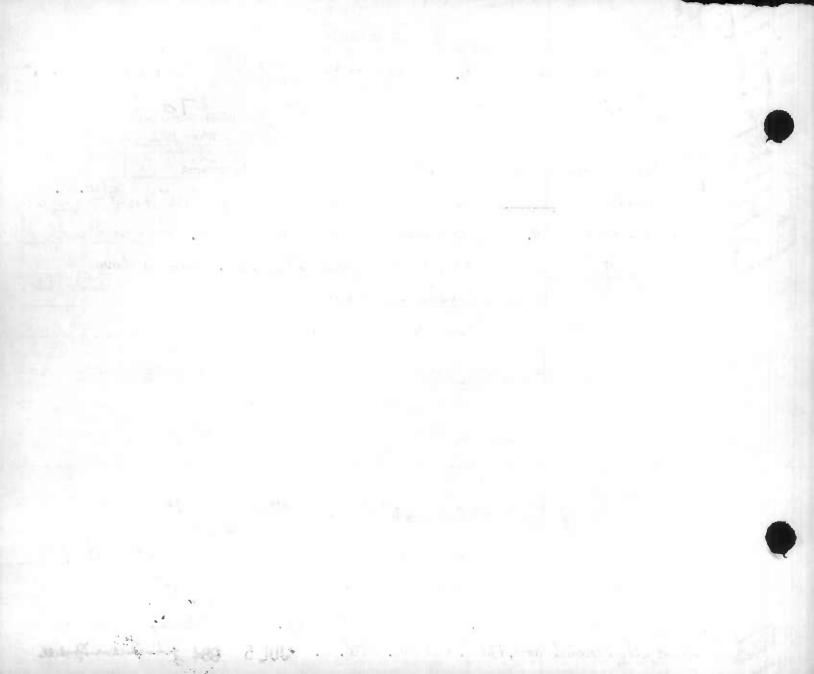
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STATE OF MARYLAND

(VRA 15, 4)



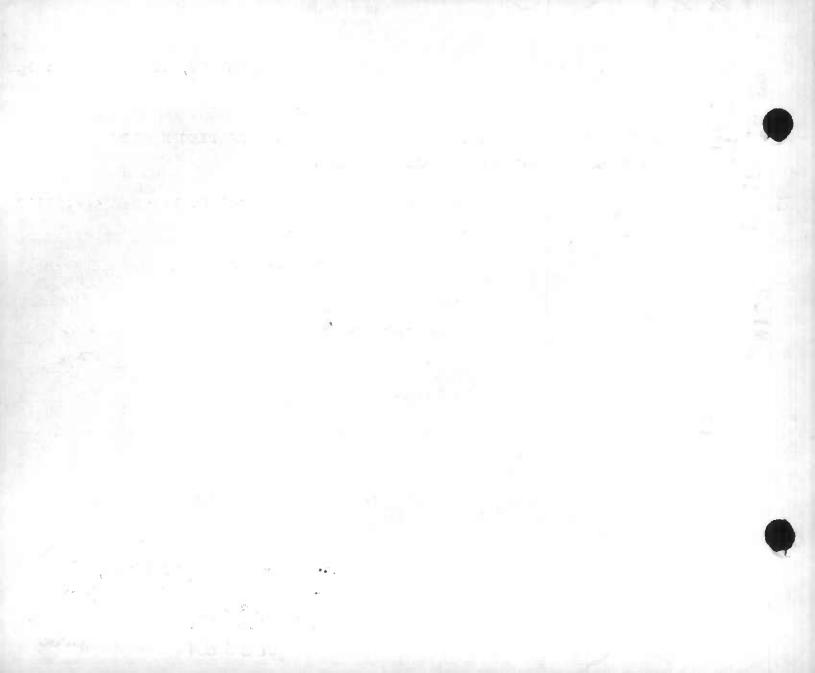
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a. DATE OF DEATH MONTH 1. DECEASED NAME 7h HOUR (TYPE OR PRINT) Burns ANNA 07 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX MONTH DAY YEAR White 05 OX BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMURE WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY MISTURE 52N2RN Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS / ZIP CODE Balto. Md. 13a. STATE 13b. COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMUNE 21230 MIL YES T NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MMES 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO OR UNENOWN) (IF YES, GIVE WAR OR DATES) 765873 Miss Ellen Burns, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY ARDIAC ARREST IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF SECTIC Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 21b. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ā CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this begittely estended the deceased from sow the deceased alive on and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did (did nat DEGREE 22c. DATE SIGNED ATTENDING MEDICAL. STAFF should be detai PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 234 PHYSICIAN'S NAME (1996 OFFICIAL) 22e ADDRESS 3001 14DNAUGER 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN 1984 New Cathedral Cent DHMH - 16 50M 4/B3 ully Funeral Home, 130 E. Font Ave. Balto. Md. (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the plan formation be executed within 24 to retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled us should be detected for use as the buriol-transit permit. Then please remove corbon papers, pages 1 and 2 should be with the State Dept. of Health and Mental Hygene pring to buyol, cremation, ar removal. IMPORTANT: If tem 21 is marked or item 18 is companyingly of atheritaciumatic event, the medical examiner injust be mutilled.	
	DHMH - 16 50M 4/B3	3

(VRA 15, 4)

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		REGISTRAR CEASED NAME	FIRST		MIDDLE	i	AST OF DE	1		DEATH	MONTH D	AY YEAR	26. HOUR
		Ų	OSEPH	С	•	BURRI			REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 18. HOUR JULY 20, 1984 10:23p 6. AGE (IN YEARS LAST BIRTHDAY) 47 YRS. 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD. 170. USUAL OCCUPATION (ITTPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INDUSTRY MADDLE 10. 19 LAST Carter ADDRESS Cott 1107 N. Kenwood Ave. 21213 NAME MIDDLE CARTER ADDRESS COTT 1107 N. Kenwood Avenue APPROXIMATE INTERVAL BETWIEN ONSE I AND DEATH DIRECTOR INDUSTRY TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CCURRED (ENTER NATURE OF INJURY IN THEM IS PART 1 OR PART 2) CCURRED (ENTER NATURE OF INJURY IN THEM IS PART 1 OR PART 2) CITY OR TOWN COUNTY STATE AND 19 THAT (II) (we) lost inition death occurred on the date and have and from the causes stated inition death occurred on the date and have and from the causes stated inition death occurred on the date and have and from the causes stated INC. DATE SIGNED NO 1236 LOCATION RUNDING 120 AUTOPSY 2 TAFF AND DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN AND DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN AND DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN AND DIRECTOR PHYSICIAN AND DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN BELLIAM PHYSICIAN AND DIRECTOR PHYSICIAN AND DIRECTOR PHYSICIA				
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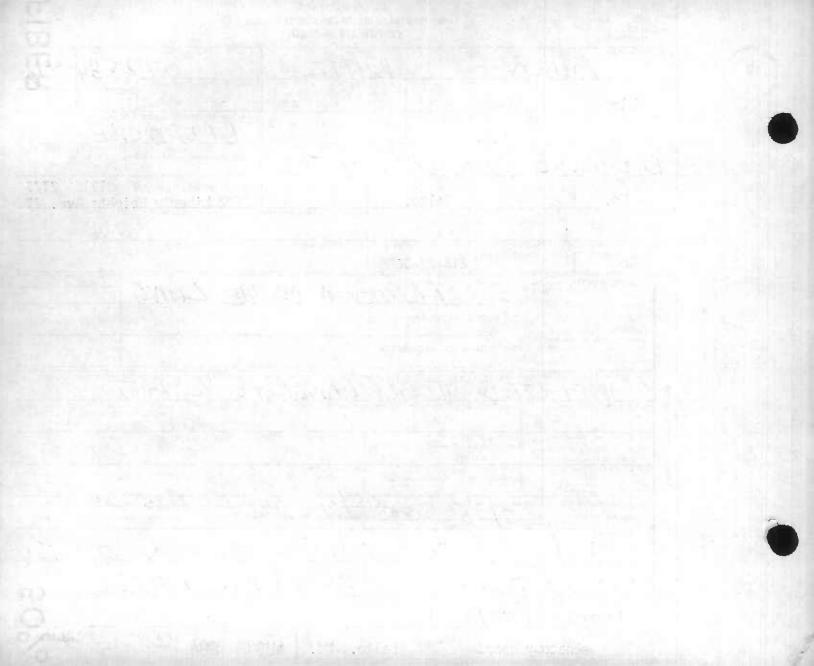
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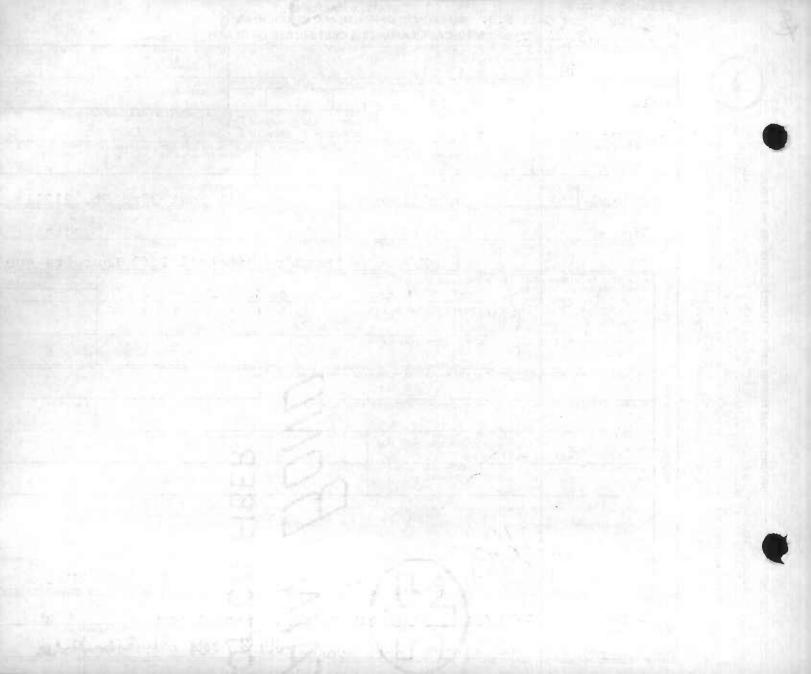
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A	3. SE	m	4. RACE	5. DATE OF BIRTH		MONTHS DAYS HOURS M
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	16a \	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SE GIVE WAR OR DATES) 4.01		NUNT 23	55 09 R-995 AVE
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should be detoc		A.C. CHO	EORPRINT) LIVALIT	22e ADDRESS		
- to 3 ≥	230.	BURIAL, CREMATION, REMOV.	AL 236. DATE 23	RRBUTUS	23d. LOCATION	10 Man 21 21
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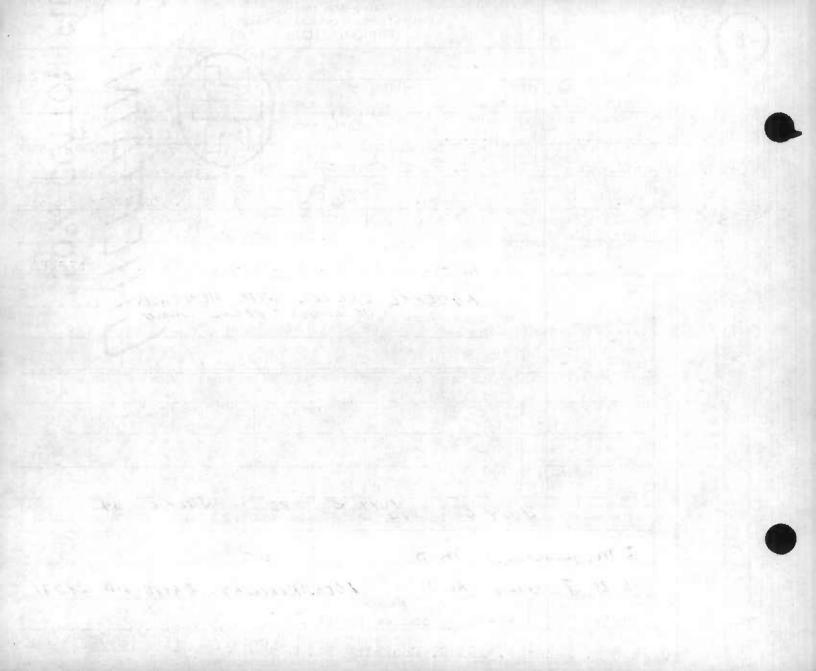


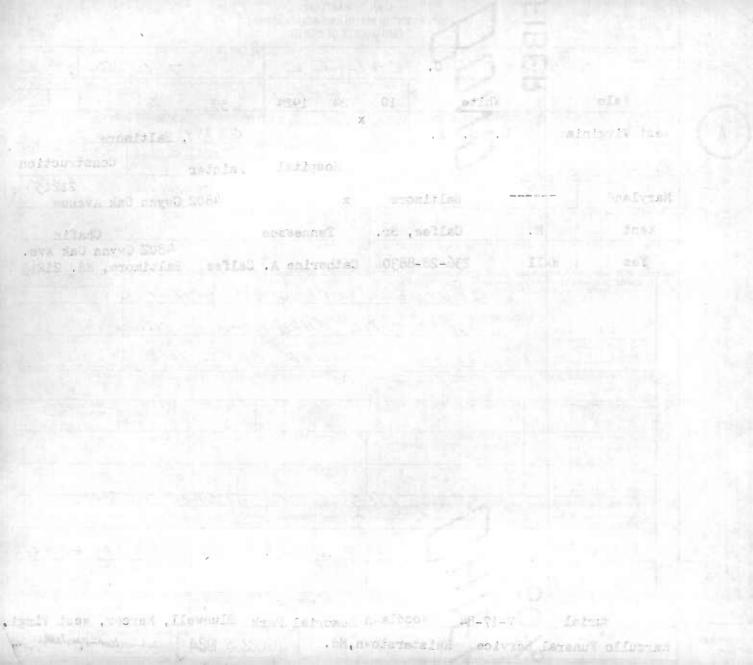
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(5 m s)	3. SE	X	1. RACE	5. DATE OF BIRTH	6. AGE (IN)					MONTH DAY YE	12 HOUR
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AND A LESSON	7o. E	SIRTHPLACE (ST.		76. CITIZEN OF WH	AT COUNTRY?	B. MARR	IED NEVER MARR	PED 9. BALT	MORE CITY OF	COUNTY OF DEATH	
DESCRIPTION OF THE PROPERTY OF	/ s	. Caro		U.S.A		WIDOV		7	timore (City	MD.
THE FLO	10. 0	ITY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOA		ER INSTITUTION	12a. USUAL OCC		OF WORK 12b. KIND OF OR INDU	
NO S HOS		Baltimo		511 E.	23rd St.			TORMOSTOF	ORKINO EILE)		
E, MD. 21201 ATH. IF ANY DEL S1, 2, AND 3TO ND 2 SHOULD BE VITAL RECORDS,		AL RESIDENCE (IF IN NURSING HOME O		E RESIDENCE BEFORE ADMIS	SION)	13d INSIDE CITY LIMITS?	113e STREET ADD	RESS		
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ME BEEN THE		death resulte	d fram: Natu	rol course IC.	Accident, S	vicide		Undetermined	monner,		
WAR WAR	100	ACTUAL	2	106			TITLE (SPECIFY) ASSISTA	nt-		DATE 7/25	/84
A H S H S H S H S H S H S H S H S H S H		SIGNATURE_		17()		^	I.D. MSSISCO	MEDICAL EX.	AMINER	SIGNED	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	4	EXAMINER'S N	NAME G	regory R.	Kauffman,	M.D.	ADDRESS 111	Penn St.,	Balto.	, Md. 2120	1
DAY DEAD	23a.l	BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. NAME OF C	METERY C	OR CREMATORY	23d LOCATION	1	COUNTY	STATE
BP		BURIAL		7/30/84	Mount	Aubu	ırn Cem.	Balti	more,		id.
DHMH - 17	24	FUNERAL DIRECT	TOR	ADDRESS			25a. DATE	REC'D. BY REGIST	RAR 756 REGIS	TRAR'S SIGNATURE	
(VR A15 ME (5))	Wn		ch F/H		01 E Nor	th A	venue JU	1271984	1 Julia	Davidson Band	1
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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Campbell

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

6

20 DATE OF DEATH

REG. NO

MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

YEAR

IF UNDER 1 YEAR

INDUSTRY

7b. HOUR

12b. KIND OF BUSINESS OR

7:00

IF LINDER 24 HRS

Carehrol Vosculor Accident

20a AUTOPSY? NO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO \square

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

STATE

, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

23d. LOCATION

COUNTY

STATE

23b. DATE

DECEASED NAME TYPE OR PRINTS AZR/ 4 RACE 3. SEX

- STATE

7a BIRTHPLACE

USUAL RESIDENCE 13a. STATE

(YES, NO OR WYDOWN)

REGISTRAR

(STATE OR FOREIGN

WIDDIE

(IF YES GIVE WAR OR DATES)

76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED

DIVORCED A

LITYPE OF WORK FOR MOST OF WORKING LIFET

WIDOWED

5 DATE OF BIRTH

DEBRA

INFORMANT

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE

GOYP St. Razis

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which

160. WAS DECEASED EVER IN U.S. ARMED FORCES

gove rise to immediate couse (a), stating the underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

22a I certify that (1) (this haspital) attended the deceased from.

P.M.

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211. LOCATION STREET

DEGREE

226. SIGNATURE

23g. BURIAL CREMATION REMOVAL

190 DATE OF OPERATION

214 INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE AT WORK

saw the deceased alive on_

22d PHYSICIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

(VRA 15, 4)

CERTIFICATION

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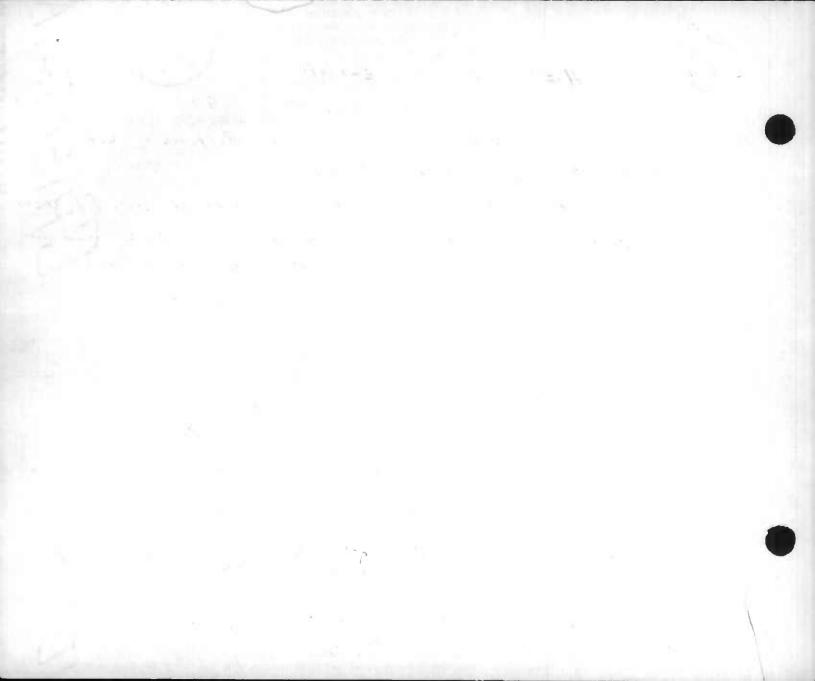
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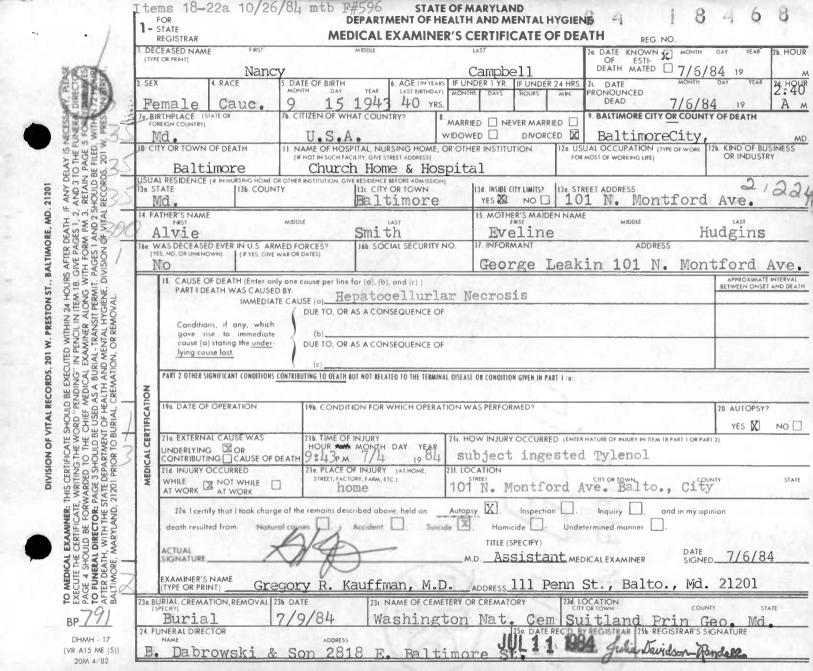
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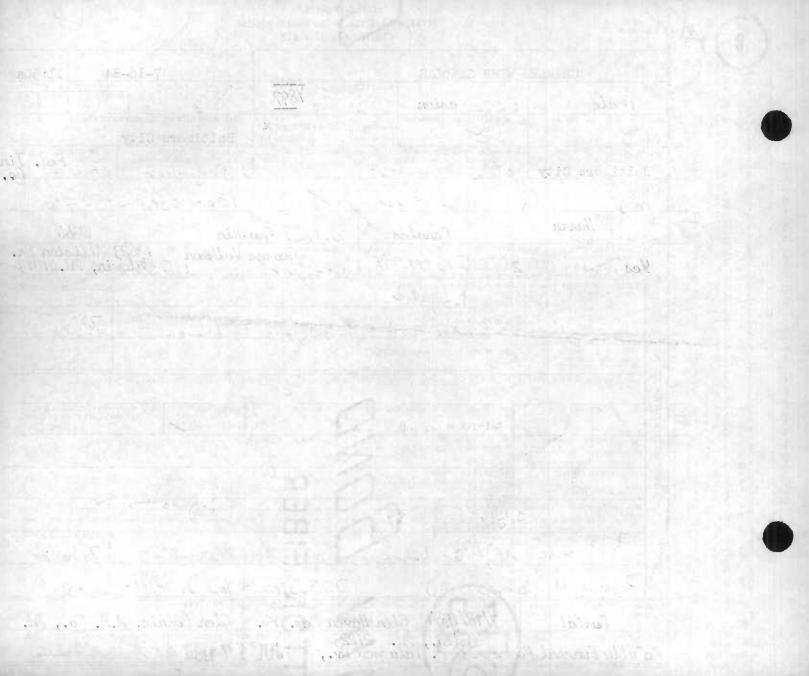
DHMH - 16 50M 4/83

4600 LIBERTY HGTS.





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

26 HOUR

2a. DATE OF DEATH

FOR - STATE

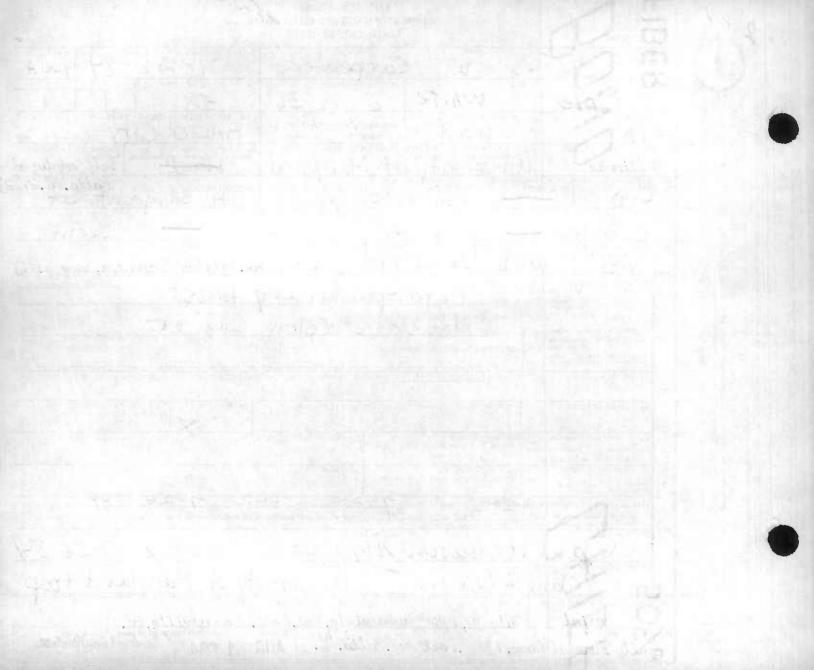
REGISTRAR

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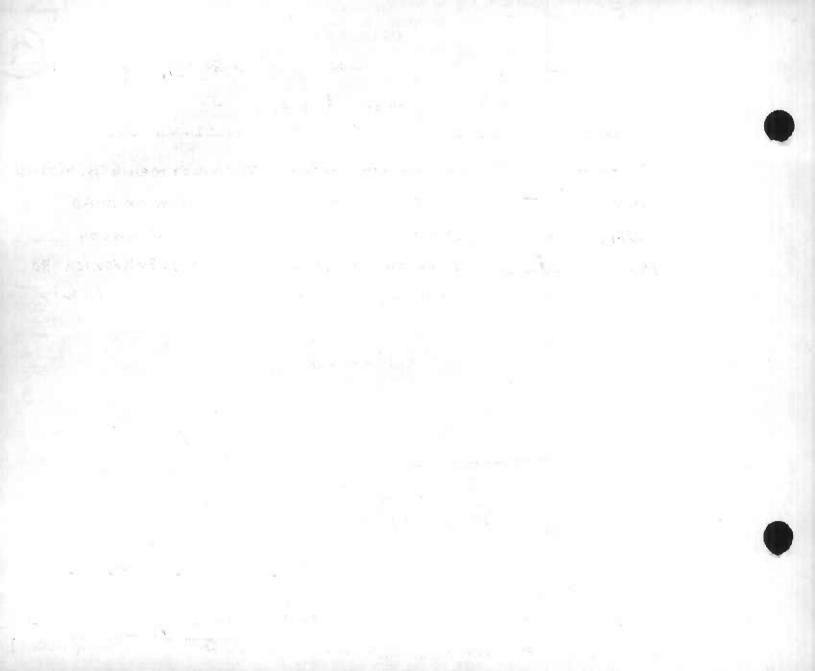
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COUNTY SAND COUNTY	ector. pours after of	3 SE	F			MONTH DAY YEAR	82	YRS.
DSUAL RESIDENCE IP Notice to provide the provided of the provi	death.	. (Maryland	Cush	4 WID	OWED DIVORCED	C	ity
THE COUNTY BEGEVEN ON THE COUNTY BEGINN AND THE COUNTY BE CONTINUED TO BE CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED TO THE TERMINAL DISEASE OR CONDITION GOVERN THE PART I DE AMEDIAN OF CAUSE OF DEATH I THE ONLY WAS CAUSED BY COUNTY	9 3 3/1	10 C	Sallword /	(IF NOT IN SUCH FACE	BOLLEC	Balto. City Hosp.	(TYPE OF WORK FOR MOST OF	
Anthony L. Levezza Mary Noce Anthony L. Levezza Mary Noce Mary N	fille ould	130. S	M larf	NTY 13c.	CITY OR TOWN	YES NO		ing Dr., 21040
The state of the s	ond 2		Anthony I	. L	avezza	Mary	MIDDLE	Noce
18 CAUSE OF DEATH Enter only one course per line for (a), (b) condition: APPROXIMENTE NITES RETWEENOWS IN NEW PART I.D EATH WAS CAUSED BY MAND DIAL CAUSE (a)	Poges 1		YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			APPRES ulli, 3006 Son	ewood, Md. 21040
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTERY MEDICAL EXAMINER) P. M. 19 21d. INJURY OCCURRED While and one of the deceased of the dec	s that the ed by the olease rer rial, crem or ather	NO	gove rise to immediate couse (a), stating the underlying cause lost.	((c)			10	TION GIVEN IN PART 110
OR CONTRIBUTING CAUSE OF DEATH OF D		RTIFICATI					200 AUTOPSY? YES NO	IN CERTIFYING CAUSES OF DEATH YES NO NO
So with edecaded olive on obove, (I) (we) idid) (did not) view the body ofter deoth. O	HYSICIAN: nding phys ns certifico buriol-tran I Mental Hy or Item 18		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d, INJURY OCCURRED	HOUR A.M. P.M. 21e PLACE OF II	MONTH DAY Y	19 211. LOCATION		
PHYSICIAN DIRECTOR PHYSICIAN DIR	R ATTENI hospital RECTOR: red far us spt. of He fem 21 is u		22a I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no	_///8	19	DEGREE		22c. DATE SIGNED
BP SPECIFY Burial 7-21-84 Holy Redeemer Balto. Md.	ERAL State	220 5	I. (. E	Nan	lo MA	PHYSICIAN 22e. ADDRESS	☐ DIRECTOR ☐ PHYSICI	
DHMH - 16 50M 4/83 24 FUNERAL DIRECTOR 10 10 10 10 10 10 10 10 10 10 10 10 10 1		230. E	Burial, CREMATION, REMOVAL SPECIFY! Burial	7-21-84		v Redeemer	Balto.	Md.

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July 19, 1934 0 7000 City M. Cockern Mel. growing of the section of prisel delice, fr. the cult I, ne the boundary is during the second of the TOTAL 100% 382 St. Tilb. 12 100. 1200. 186.



8		It 1-	GBR 5, Film#G59 STATE 7-23-84jlb REGISTRAR	3 - DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 4	1 8	474
9 17 ± 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			CEASED NAME FIRST OR PRINT) JOHN	MIDDIE	ı	CARR		.8, 1984_	26. HOUR 8:20 M
		3. SEX	MALE	CA U	5. DATE C	June 18, 1927		YRS.	
men Pa	25		RTHPLACE (STATE OR FOREIGN) OUNTRY) M D	U. S.A.	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMO	OR COUNTY OF DI	
by the filled with portified			BALTIMORE	II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ASSEM BLE	OF WORKING LIFE) INC	KIND OF BUSINESS OR DUSTRY
filled in auld be must be	35	13a. S	MD -		N	13d. INSIDE CITY LIMITS? YES MO 🗌			ROAD 21211
ompletely ond 2 sh	00		WM. J.	CARR		15. MOTHER'S MAIDEN N FIRST	WIDDIE	JOHN	SON
be execut an ond co s. Poges 1	1		(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE (IF YES, GIVE	WAR OR DATES)		MARY LOU	ISE CARR	3630 KE	
g physicia an popers. removol.			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		hory	arrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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been signi mit. Then p prior ta bu		ATION	190, DATE OF OPERATION	ONDITIONS CONTRIBUTING TO D			200 AUTOPSY?	20b. IF YES, WER	RE FINDINGS USED
The Idicion.	Los	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU	YES NO NO NORTH NATURE OF A	YES 🗌	R PART 2)
HYSICIAN: nding phys nis certifica buriol-fro I Mentol Hy or Item 18	9	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION	CITY OR 1	Own (OUNTY STATE
ODING PI or offer the After the see of the		W	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	, 19_8	7 10 7/18	, 19.	, that (I) (we) last
OR ATTEN to haspital DIRECTOR sched for u Dept. of H			sow the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	19 19 19 19 19 19 19 19 19 19 19 19 19 1	/	nd that in (my) (our) opinio		2	from the couses stated 21. DATE SIGNED
by the by the ERAL Description of the Carter	-		22d. PHYSICIAN'S NAME (TYPE OF	Merch RPRINT)		ATTENDING PHYSICIAN 220 ADDRESS N		BALTO.	7/18/84
TO HOSP retained TO FUNE shauld be with the S	4		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	Josp.	NIY STATE
BP	Į		BURIAL	JULY21,1984 GA	RDEN	S OF FAITH	BALTO	· Co.	MD
DHMH - 16 50M 4/83 (VRA 15, 4)	3	En. Fl	INERAL DIRECTOR	361549 ADDRESS		25a. D.	ATE REC'D. BY REGISTRA	R 2 DEGISTOAR'S	SIGNATURE



5 1	FOR			DEPARTMENT		MARYLAND	LUVCIENT	2.1	8 4	1/	5
	STATE REGISTRAR		М	EDICAL EXAM					10		
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	THE OR PRINT)	Hern	man	J.	C	arroll		OF ESTI-	7-9	19 84	
3. SE		4 RACE	5. DATE OF BIRT	Y YEAR LAST B	RTHDAY) MON		IDER 24 HRS. 2c. S MIN. PRO	DATE DNOUNCED DEAD	MONTH D	1984	6:4 a.
	Male	Black	10-1-1	WHAT COUNTRY?	YRS.	- //	9.6	BALTIMORE CITY			a.
	OREIGN COUNTRY MD.		USA		WIDO	-	ARRIED	Baltimor	_		M
10 0	Balt	imore	(IF NOT IN SUCH	OSPITAL, NURSING H I FACILITY, GIVE STREET ADDR Archer Str	€SS)	HER INSTITUTION		OCCUPATION (TY T OF WORKING LIFE)	PE OF WORK 12b.	KIND OF B OR INDUS	USINESS JRY
130.			E OR OTHER INSTITUTION.	13c. CITY OR TOV	MISSION)	13d. INSIDE CITY LIMI	13º STREET	ADDRESS Archer	st. 21	230	
1/2	FATHER'S NAME FIRST		MIDDLE	rroll		15. MOTHER'S M	AIDEN NAME	MIDDLE	Carro		
/ 160.	WAS DECEAS	ED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRES			
	Yes, NO, OR UNK	(IFYES, GP	VE WAR OR DATES)	213-03-	8749	Thelma	Carrol	1 615 A	rcher	St.	(30)
		OF DEATH (Enter of		ine for (o), (b), and (c)						APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEAT
	174671		ATE CAUSE (o)			rt Failu	re				
	Conditi	ons, if ony, which		OR AS A CONSEQUE	ICE OF						
	gove	rise to immedio	te (b)								
		o) stating the <u>unde</u> ouse last.	DUE TO, C	DR AS A CONSEQUEN	ICE OF						
	PART 2 OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEA	IN BUT NOT RELATED TO TH	TERMINAL DISEA	CE OF CONDITION CIVEN	IN PART 1 in	-			
Z			Townson, or other	Carcinon			MTAKIT D.				
力員	190. DATE C	F OPERATION	19b. CON	DITION FOR WHICH					2	0 AUTOPS	(?
지 일	10.75									YES	NOX
CERTIFICATION	210. EXTERM	NAL CAUSE WAS		OF INJURY	YEAR 21c. I	OW INJURY OCC	JRRED LENTER NATU	DRE OF INJURY IN ITEM TE	B PART 1 OR PART 2)		- 40
3	CONTRIBU	IG OR TING CAUSE O	F DEATH P	.M. 1:	9						
MEDICAL	21d. INJURY WHILE	OCCURRED		E OF INJURY (AT HO)	AE. 211 LC	OCATION STREET	C	TY OR TOWN	COUNTY		STATE
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		tify that I took cha	orge of the remoins of	described obove, held	on Auto	psy , Insp	ection ,	Inquiry XX o	nd in my opinio	n	
	ZZa. ce		New	/	Suicide	. Homicide	Undeterm	ined monner	,		
	deoth resu	Ited from: Not	turol couses/ MA/	Accident	Suicide L			The state of the s			
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		Ited from: No	iurol couses AA	Accident Wi	Solitide L		Y)	L EXAMINER	DATE SIGNED_	7-9-8	34
る	ACTUAL SIGNATUR	Muu	in	my h Wi		TITLE (SPECIF M.D. <u>Assista</u>	Y) ant_medica	LEXAMINER	DATE SIGNED_	7-9-8	34
至	ACTUAL SIGNATUR EXAMINER (TYPE OR PI	SNAME DE	nnis F. S	Smyth, M.D.		TITLE (SPECIF M.D. ASSISTA ADDRESS	ant MEDICA	n Street	DATE SIGNED_	7-9-8	34
MEDICAL CERTIFICATION	ACTUAL SIGNATUR EXAMINER (TYPE OR PI	S NAME DE	nnis F. S	Smyth, M.D.	CEMETERY	TITLE (SPECIF M.D. ASSIST ADDRESS OR CREMATORY	ant MEDICA 111 Pen 23d, LOCA CITY OR T	n Street	DATE SIGNED_		STATE
	ACTUAL SIGNATUR EXAMINER (TYPE OR PI	S NAME DE ATION, REMOVAL	nnis F. S	Smyth, M.D. 23c. NAME O MD. V	CEMETERY	ADDRESS_OR CREMATORY	ant MEDICA 111 Pen 23d, LOCA CITY OR T	n Street	SIGNED_		

20M 4/82

OUSTS . L. Sude L. Marketter (1984 - 1984 - 1985) - The factor of the plant of the state Server and the contract of the server of the FOR

- STATE

TYPE OR PRINTS

SEX

130. STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2h. HOUR CARSON ARLENE M. 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR MONTH DAY YEAR WHITE 79 FEMALE 10 06 04 To BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. PENNSYLVANIA WIDOWED DIVORCED BALTIMORE CITY 12ª USUAL OCCUPATION ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ST. AGNES HOSPITAL DEPT. STORE MAIL ORDER CLERK BALTIMORE 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 13c. CITY OR TOWN 2828 HERKIMER STREET, 21230 MARYLAND BALTIMORE YES X NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST VERNON GAHAGAN HELEN PUFF C. **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES)

NO	196-20-6952 DALE A. CAF	RSON 2828 HER	RKIMER ST., 21230
18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED E IMMEDIATE (CAUSE (0) CAROCCUE / TOPEOF.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL
Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF	holydration	galideni
PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but not related to the te	RMINAL DISEASE OR CON	NDITION GIVEN IN PART 11a
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	DRY IN ITEM 18 PART I OR PART 2)

198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
		YES NO YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)

214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS

22a | certify that (1) (this hospital) attended the deceased from

saw the deceased alive on_

ST. AGNES HOSPITAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE

CITY OR TOWN GLADE RUN PRES. CH. BURIAL 08-03-84 WAYNE ARMSTRONG 24 FUNERAL DIRECTOR BALTO., MD. 21229 25a. DATE REC'D

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

ina Daydon-Handall

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

STATE

22c DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

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MPORTANT

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n signed by the offending physiciar Then please remove carbangapers.

should be detached for use as the buriot-tronsit permit. Then please remove carbanpaper with the State Dept: of Heolth and Mental Hygiene prior to buriot, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has bee

OR ATTENDING PHYSICIAN: The

etoined by the hospital or HOSPITAL

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•	OF	HE		111	AND	MENTAL	

	1 -	STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. NO		8	4/1
		CEASED NAME	FIRST	٨	MIDDLE	L.	AST	20. DATE OF DEATH	AONTH DAY	YEAR	2b. HOUR
			JOSEPH		TOHN (CASCI		7/23/84			11.28am
	3. SE	MAL		RACE WI	HITE	5. DATE C	20° 1911	6. AGE (IN YEARS LAST BIRTI	YRS.	DAYS	HOURS MIN.
33		RTHPLACE ISTATE COUNTRYS Maryland	OR FOREIGN 76	USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF BALTIMOR		EATH	MD
1)	BALTIMO	RE /	. NAME OF I	ST. AGN	IG HOME C ADDRESSI ES HOS	R OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Receiving O	WORKING LIFE) IN	DUSTRY	Sales
35	130 M	aryland	COUNTY	Arundel	13_CITY OR TOW	N	YES NO NO	13e STREET ADDRESS /	ZIP CODE HTLL RD	2	21122
Nomina Nomina	14. FA	Salvat	ore	DDLE	Cascio		15. MOTHER'S MAIDEN NAME FIRST Frances	WE		LAST Lorio	so
2	16a V	WAS DECEASED EVI YES, NO OR UNKNOWN) Yes	1/42-0	(AR OR DATES)	166. SOCIAL SECU 215-07-7		17 INFORMANT Ruth E. Casc	ADDRES	SS	1. 2	1122
vent, the		18 CAUSE OF DEA	ATH (Enter only WAS CAUSED)	BY:	line for (a), (b), and ASYS		(cardiac	amest)		APPROXIA BETWEEN C	MATE INTERVAL DNSET AND DEATH
njury, or ather troum	NO	Canditions, if or gave rise to it cause (a), sta underlying cau	immediate tating the ause last		R AS A CONSEQUE	MCE OF MEM DEATH BUT	diogenic S in Myolada NOT RELATED TO, THE TERM holy/e intel	INAL DISEASE OR CONE	ITION GIVEN IN	PART IIQ	beles.
Auo smo	CERTIFICATION	19a. DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES		
18 sh		210. ACCIDENT WAS I OR CONTRIBUTING [LIF EITHER NOTIFY M	CAUSE OF DEATH		FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	R PART 2)	
rked or	MEDICAL	21d. INJURY OCCU	WHILE WORK	216 PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TOV	VN C	OUNTY	STATE
21 is mo		22a I certify that			e deceased fram_ 23 — 1981 after death	4, or	- 21 , 19 99 ad that in (my) (aur) apinian	to	. 17		that (1) (we) last causes stated
T: #		22b. SIGNATURE	Show.				DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F _	Z DATE	SIGNED 23,
MPORTAN		22d PHYSICIAN'S	SHOW!				270 ADDRESS Agn 6	es Hosp	. Ba	Uo.	MD.
3		BURIAL, CREMATIO		23b. DATE 7-26-8			EMETERY OR CREMATORY nedral Cemeter	23d LOCATION CITY OF TOWN Baltimor	e cou		STATE Md.
83	24 F	UNERAL DIRECTOR	1630 Edmo	ndson Av itzke Fu	e. Catonsvi		A 21228 25a. DAT	L 2 5 1984	756. REGISTRAR'S	SIGNATI	fandelle

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT: If Item 21 is morked or Item 18 shows ony

FOR STATE

	TA	TE OF	M	ARYL	AND	
ARTMENT	OF	HEAL	TH	AND	MENTAL	HYGIEN

DEF CEDTIEIC ATE OF DEATH 8478

. 1	W. Ju	REGISTRAR				CENTII	ICAIL OI I	LAIN	REC	. NO.			
4		CEASED NAM	E FIRST		MIDDLE		AST		20. DATE OF DEAT		DAY YEAR	26. HOL	UR 20
			BENJI		F		SELL		+/2			1/+	PM
	3. SEX	× M	Male	4 RACE	C 1 12-4 1	5. DATE C	H DAY	YEAR	6. AGE IN YEARS LAS	T BRTHDAY)	MONTHS DAYS	HOURS	MIN.
	7a D10	DTUDIACE	STATE OR FOREIGN	CAUCH	WHAT COUNTR'	01	13	0+	9 BALTIMORE CIT	YRS			
F		larylan		U.S.A		MARRIE	D NEVER			more (
~	-	ITY OR TOWN		11. NAME OF	HOSPITAL, NURS		OR OTHER INS	VORCED [120 USUAL OCCU	PATION	12b. KIND (MD. IESS OR
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5	13a. S Ma :	ryland	13Ь. СО	OR OTHER INSTITUTION UNTY	Baltimo	WN	13d. INSIDE C	NO 🗌	13e STREET ADDRE			29	
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×	16a W	VAS DECEASE YES, NO OR UNKN	ED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SE								43—d
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PARTI. DEATH WAS CAUSED BY:										XIMATE INTE	RVAL D DEATH
				ATE CAUSE (o)	Brain	MOX	<i>la</i>						
h		Conditions.	if ony, which	DUE TO, O	RAS CONSEC	LENCE OF	bours	11/01	accident	-			
		gove rise	to immediate stating the	DUE TO, O	R AS A CONSEC		,				1		
		underlying	couse last.	(c)_	5/P K	esus j	probale	le Myo	conduct	lytona	tion		
	NO NO	Pree	HER SIGNIFICAN	A CONDITIONS C		O DEATH BUT	NOT RELATED	TO THE FERM	AINAL DISEASE OR (учили ч	GIVEN IN PART 1	(01	
G	CERTIFICATION	19a DATE OF	OPERATION		ITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF	YES, WERE FIND	INGS USE	ED TH?
1	RTIF					100			YES NO]	YES 🗌	NO [
9			T WAS UNDERLYING	DEATH 21b. TIME C	M. MONTH	DAY YEAR	21c. HOW IN	IJURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART OR PART 2)		
/	MEDICAL	(IF EITHER, NO	OCCURRED		M. OF INJURY	19	21f LOCATIO	ON	The state of the s	-	A		-
	ME	WHILE AT WORK	NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFIC	E, FARM, ETC)	STREE		CITY	NOWN	COUNTY		STATE
		220.1 certify	that (I) (this ho	pital) attended th	deceosed from	2117	/13	_, 19_87	- to 7/2	2	190 /	, that (1)	(we) lost
		obove,		not) view the body	after death.	-		(aur) opinion	death occurred on the	e date and l			tated
		22b. SIGNĀT	affor	don		M.	1)	ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF		SIGNED	y
1		22d. PHYSICI	/ ///	ORDON			SAH	900 CA	ATON AUG	Bal	timore 1	nd.	-
		(SPECIEY)	ATION, REMOV		26,1984		emetery or on Park		23d LOCATION Baltin	ore	Marylan	ıd	STATE
		UNERAL DIRE			ADDRESS			25a. DAT	TE REC'D. BY REGIST	RARISHIRES	Baurdson	P. Port	4
	Ha	irry H	Witzke	4112 Col	ımbia Rd	Ellic	ott Cit	у]]]]	26 1984				

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

4/22/24			
			oleH W
Saltimore City	x	U.S.A.	Maryland
APtired	, 11,	ST AGnes Hospit	Baltimore
525 Parkeley St 21229	x	Bultimore	Maryland
stherine Burry	lace Ka	assell	late Corries J C
2104. da Henneberry 5153 Ilchester Id	7 ilrs Bren	v. 11 219 36 154	
	000	Page 1	
A Company of the Company	and an alma		
	CENTAL DESCRIPTION	A 1/2 A 1/2	

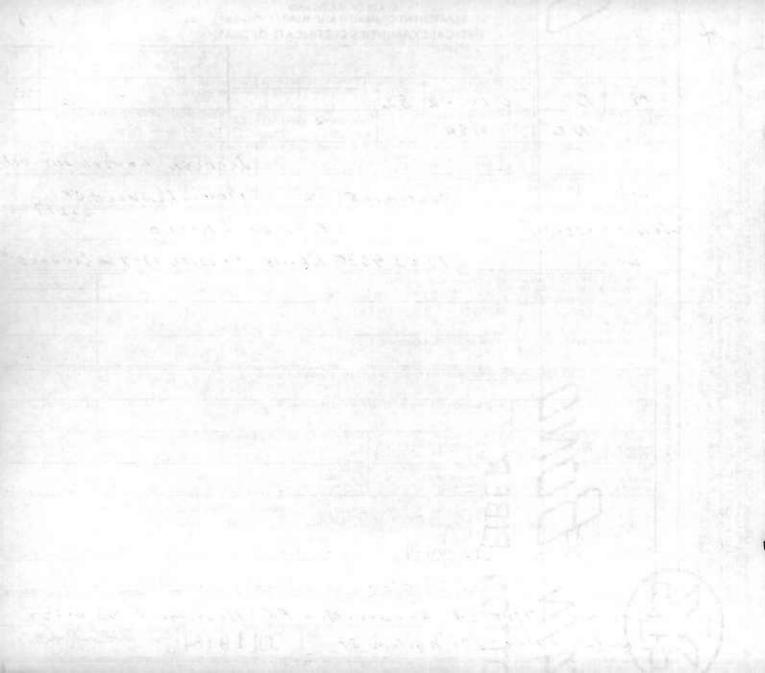
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Baltinore

Maryland

July 26,1364 Loudon Park Purial Harry H Witzke 4112 Columbia Rd Ellicott City AND 2 0 488

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a. DATE KNOWN X FIRST 2b. HOUR (TYPE OR PRINT) ESTI-**JESSE** 1084 CASSIDY DEATH MATED 16 4. RACE 4:28 4:4 3. SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED 184 DEAD 16 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 18. CITY OR TOWN OF DEATH OR INDUSTRY ON Baltimore 2025N University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1704 W KANVAGE BUTINORE YES X NO [] 14 FATHER'S NAME ARMED FORCES? LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES 03 4630 BESSIE CASSIDY 1704 WO GROUNG w 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Multiple injuries MMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING AOR MEDICAL 9:32 xx 7-14- 1984 Pedestrian struck by auto. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE street Fulton Ave. no. of Lorman St., Balto.City,Md. |X|220. I certify that I took charge of the remains described above, held an Inspection Accident X Hamicide Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) ACTUAL DATE SIGNED 7-16-84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 ADDRESS (TYPE OR PRINT) ANDURUS Mom PK Baeringens, mo Internal Director **DHMH - 17** (VR A15 ME (5)) 20M 4/82



Ni	FOR STATE	DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTAL H	YGIENE)	8 4 8 0				
	REGISTRAR		MINER'S CERTIFICATE O	F DEATH REG. NO.					
	DECEASED NAME FIRS	T MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR				
,		seph D	Catalfamo	OF ESTI-	7 8 ₁₉ 84				
3. 9		5. DATE OF BIRTH 6. AC	ET BIRTHDAY) MONTHS DAYS HOURS		MONTH DAY YEAR 24 HOUR				
-1	MALE CAUC		2 YRS.	MIN PRONOUNCED DEAD	7 16 19 84 3:051				
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	9. BALTIMORE CITY OF					
1	POREIGIN COUNTRY) MA	U.S.A.	WIDOWED DIVORCE		city, MD				
1D	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120. USUAL OCCUPATION (TYPE	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY				
1	Baltimore	4100 Blk. Eas		Wire Mill	Beth Stee				
		OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	21224				
130	Ma.	OUNTY 13c. CITY OR T	TO . YES NO [1005 JANN	=15treet				
14.	FATHER'S NAME	MIDDLE (2) LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	T I I I I I I I I I I I I I I I I I I I				
7	CARMello	CATAL	FAMO SANT	A	TRIOLO				
160	. WAS DECEASED EVER IN U.S.	. ARMED FORCES? 166. SOCIAL S	ECURITY NO. 17. INFORMANT	, ADDRESS	1005, JANNEY STREET				
	Yes W	WII 214-	06-5521 MRS. G	eraldine E	Hel CATALFAMO				
F		er only one cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I DEATH WAS CA	SUSED BY: EDIATE CAUSE (0) Arteriosc	lerotic cardiovascu	lar disease	BETWEEN ONSET AND BEATH				
1	1770712	DUE TO, OR AS A CONSEQU							
	Canditians, if any, w								
	cause (o) stoting the un		JENCE OF						
	lying couse lost.	(c)							
		TIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO	THE TERMINAL DISEASE DR CONDITION GIVEN IN PAI	RT 1 (a)					
2									
13	190 DATE OF OPERATION	196 CONDITION FOR WHIC	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?						
CEPTIEICATION					YES 🛣 NO 🗌				
		S 216 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)				
1	CONTRIBUTING CAUSE		19						
AMEDICAL	214 INJURY OCCURRED	ZIN PLACE OF INJURY CAT	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE				
1	WHILE AT WORK AT WORK	The state of the s							
1	72x I certify that make	terror of the remains described above, he	eld in Autopsy XI, Inspection	n . Inquiry . one	l in my opinian				
	death resulted type.	lighted courses X Accident	buicide , Homicide	Undetermined monner					
	/ /-	7/7	LITLE (SPECIFY)						
	SIGNATURE /	Maria Mari		LEELEDICAL EXAMINER	DATE 7/17/84				
	-/	1/1/							
1	(TYPE OR PRINT)	Thomas D. Smith, M.	D. ADDRESS 111	Penn St. Balto)., MD.				
230	BURIAL, CREMATION, REMOV	AL 23b. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY				
	BURIAL	7-20-1987 GM	ideals of FAITh	Balto-	Ma				
24	FUNERAL DIRECTOR	ADDRESS ALS.	5. CONKING, 250. DATE F	REC'D. BY REGISTRAR 25b. REGIS	TRANS SIGNATURE				
=	Joseph N. A	LAUNINO-IE BRY	0.14 1. 31234	11 9 1984 Juna	Manual Manage				

1	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 4 8 1 CERTIFICATE OF DEATH REG. NO.									
. 4		ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR						
r depth		STEWAI	R	CAVE Jr.	JULY 3, 1984	12:201						
offer	3. 5		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.						
1 25		IALE	CAUCASIAN		51 YRS.							
\Im	1	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE C							
3	11	BALTIMORE CIT	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY HOUSING						
36	13a.	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COLIN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	130. STREET ADDRESS 805 D WINDST	21040						
120	14. F	STEWART	CAVE LAST	SR. CATHERI	AME	HOWARD						
-	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU		ADDRESS							
emaval.		NO -	213307	633 MARY CAVE	805 D WINDSTR	EAM WAY						
to burial, cremation, ari	NC	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	Cerebral Dr	Fanction MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(0						
ws any	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?						
0 00	- Pro-				YES NOW YE	S NO NO						
tem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	YES NO YE YE							
Aental Hygie or Item 18 sho	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	19 211. LOCATION								
Mental Hy		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, 1) tol) ottended the deceased from	AY YEAR 19 211. LOCATION STREET	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	COUNTY STATE						
ched for use as the burial-transit Dept. of Health and Mental Hygie Hem 21 is marked or Hem 18 sho		OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this hospi saw the deceased alive an above (II we) (did I did no 22b. SIGNATURE	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1) tol) ottended the deceased from	PARM, ETC 211. LOCATION STREET and that in (shy) (aur) apinia DEGREE ATTENDING, PHYSICIAN	RRED (ENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN	COUNTY STATE						
tacked for use as the burial-transit e Dept. of Health and Mental Hygie if them 21 is marked or Item 18 sho		OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this hospi saw the deceased alive an above (1) we (did (did no 22b. SIGNATURE	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1) tol) ottended the deceased from	PARM, ETC 211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET ATTENDING PHYSICIAN 220. ADDRESS	CITY OR TOWN ta n death accurred an the date and hau MEDICAL STAFF	COUNTY STATE 19—34, that (I) (we) last or and from the causes stated 22c. DATE SIGNED 7/3/84						
creator use as the buttary and Dept. of Health and Mental Hygie if hem 21 is marked ar Item 18 sho	WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this hospi saw the deceased alive an above (1) we (did (did no 22b. SIGNATURE	ATH HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, tol) oftended the deceased from the willie Body Hiter death 23b. DATE 23b. DATE 23c. 1	PARM, ETC 211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET 211. LOCATION STREET ATTENDING PHYSICIAN 220. ADDRESS	CITY OR TOWN A COURT ON TOWN A COURT OF TOWN A COURT O	COUNTY STATE 19—34, that (I) (we) last or and from the causes stated 22c. DATE SIGNED 7/3/84						



I

THE STARE VIGAS

requires that the death certificate be executed within 24 hours ofter death. P

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directo should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

[MPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examines must be halfiled at ance.

		STA	TE OF M	ARYL	AND	
DI	PARTMENT	OF	HEALTH	AND	MENTAL	HYG

YGIEI	NE S	63		N. Maria	8	-	8	2
		REG. N	10.					
2	a. DATE OF	DEATH	MONTH	DAY	YEAR	2b	HOUR	
- 1	1 7		1.00	Л		1.	0.0	

1	1 -	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE O G	0.		2 4
		CEASED NAME FIRST	WIDDIE	1.	AST			EAR 2b H	OUR
1	(ITE	Mary	С.	Cernoho	rsky	July 4,	1984	1:	30 Am
1	3. SEX		4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I		DER 24 HRS
	/	Female	Wh.ite	Nov	22, 1893 YEAR	90	YRS.	DATS HOUR	S MIN.
	7a. BIR	RTHPLACE (STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF WHAT CO	OUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	тн	
1		Maryland	U.S.A.	WIDOWE		Baltim	ore City.		MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KI	IND OF BUSI	INESS OR
	/ E	Baltimore	Meridian Ha	amilton Nu	rsing Cntr.	Seamstres		lothin	a
)	13a S		OTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION)	136. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS		timore ts Ave	, Md.
1	I4 FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAST	
1	J	John Zulkowski	MADLE	1001	Constanc	e			
1			MED FORCES? 16b. SO	CIAL SECURITY NO.	17. INFORMANT	ADDRE	Bàlto., Mo	1. 21	236
	()	No		-07-3658	George Paste				s Ave
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A C	Euane	ed ark	usul	die	y	5
	N O	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT Iro	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	n was performed	200 AUTOPSY? YES NO[V]	20b. IF YES, WERE F IN CERTIFYING CA YES		ATH?
1		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	ONTH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM TB PART 1 OR PA	RT 21	
	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME, STREET, FACTO		21f LOCATION STREET	CITY OR TO	WN COUN	ITY	STATE
		22a. I certify that (I) (this hospi	ital) attended the deceas	ed from		, to	. 19	, that (I	(we) last
		saw the deceased alive an abave, (1) (we) (did) (did na	it) view the bady after dec	oth.	nd that in (my) (aur) apinian		22c.	m the causes	
		224/PHYSICIAN'S NAME (1996.0	W CO	1	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		15/8	4
		Gracito Patr				d Spring La	ne Balti	more	Md_
		URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY		STATE
i	,	Burial	July 6, 10	BA HOLV R	neary Compton				21776

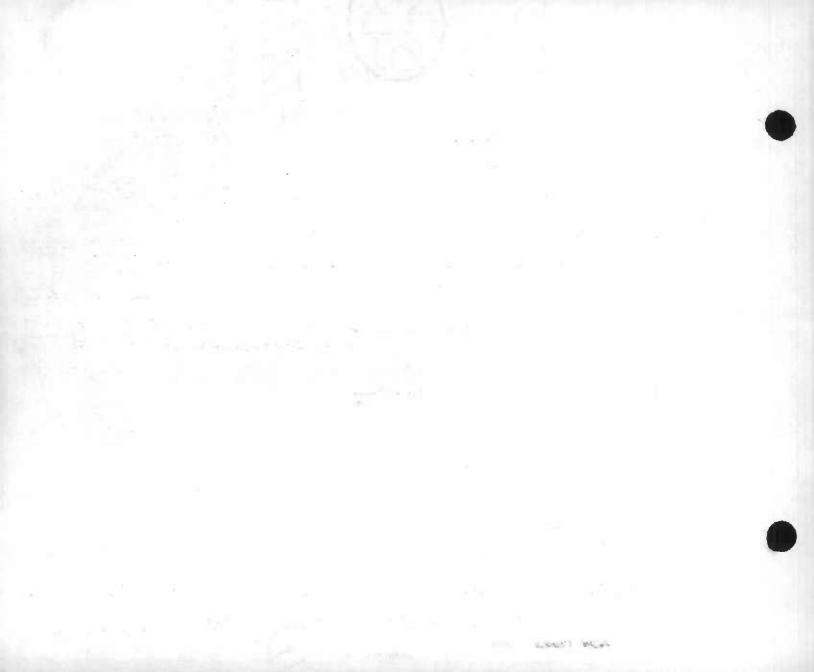
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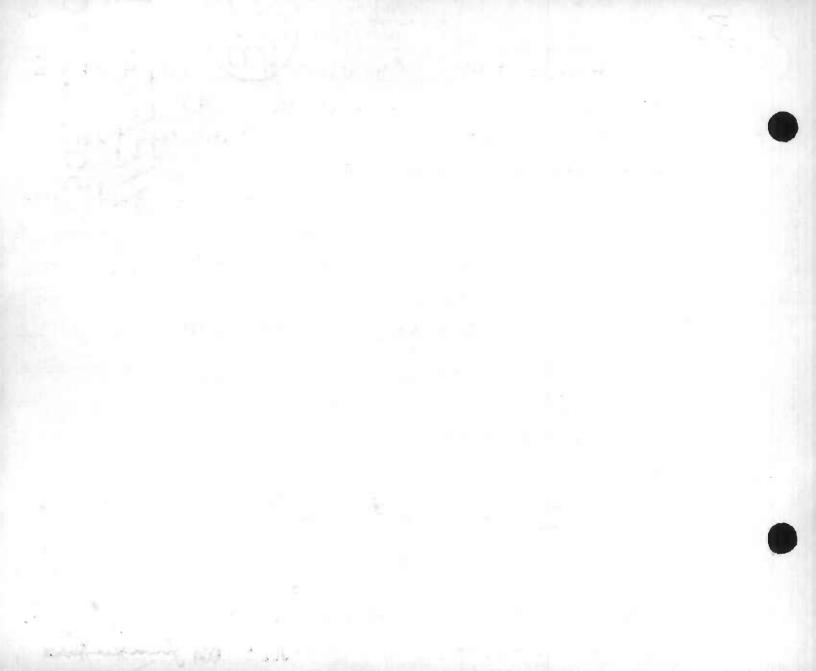
BP.

24 FUNERAL DIRECTOR Funeral Homes, Inc.

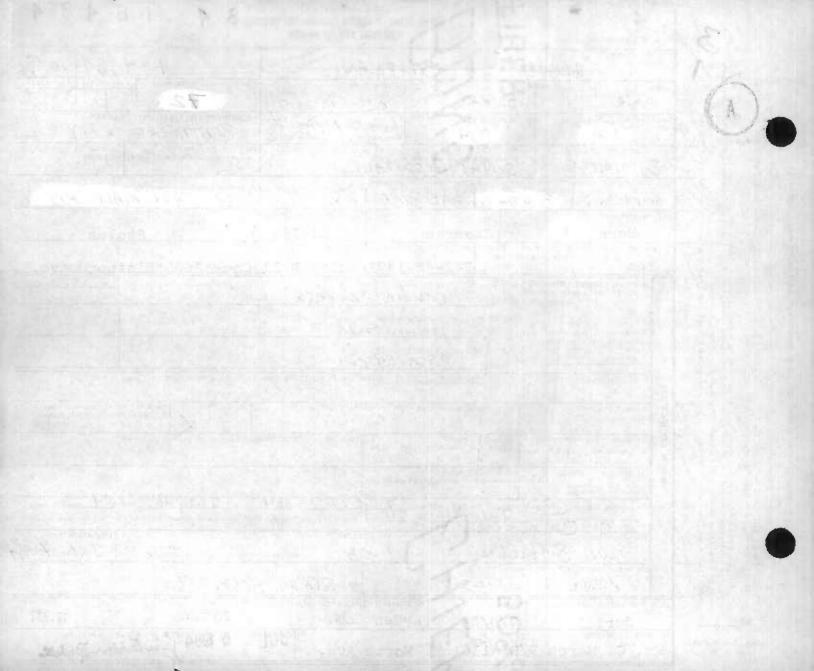
ADDRESS 7110 Belair Road Baltimore,

250 DATE REC'D. BY REGISTRARYS, REGISTRAR'S SIGNATURE.





7	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 4 REG. NO.	8 4 8 4
4 74 1	1 DECEASED NAME FIRST (TYPE OR PRINT) ALOI		HAPMAN	20. DATE OF DEATH MONTH	1 DAY 1 YEAR 26. HOUR 10 PM
	3. SEX male	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 03 /3 /2		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76. CITIZEN OF WHAT COUNT	MARRIED NIVER MARRIED - NIVER MARRIED - NIVER DE		and A
100	BALTIMERE USUAL RESIDENCE (IF NURSING HON	SINAL HO		(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
LAND 21	130. STATE MARYLAND 14 FATHER'S NAME	DIENTY 13r. CITY OR T	OWN 13d. INSIDE CITY LIMITS YES NO 1 15 MOTHER'S MAIDEN	2605 Elsinor	ce Aye. 21216
BALTIMORE, MARYLAND 2 cate be executed within 24 in spers. Poges 1 and 2 mould by oil. it, the medical examin and	Henry 160 WAS DECEASED EVER IN U.S	Chapman ARMED FORCES? 166 SOCIALS	Lilli	MIDDLE	Stokes
rificate be executivized by physicion and conpapers. Pages mayel.	(YES, NOOR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	2-1391 Eulah Be	11 Cook 2605 E	Lsinore Ave. APPROXIMATE INTERVAL BETIWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST., squires that the death certification is signed by the attending pto the properties of the purial, cremation, or remaining or control injury, or ather traumatic even	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION	DUE TO, OR AS A CONSE	eumonia	TERMINAL DISEASE OR CONDITION C	GIVEN IN PART I (a)
AL RECOI	E .		ICH OPERATION WAS PERFORMED	YES NO	/ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir otherding physicion. Iffer this certificate hos been sign as the burial-tronsit permit. Then th and Mental Hygiene prior to bu arked or firm It show sury injury	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTHY MEDICAL EXAM	FDEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART T OR PART ?) COUNTY STATE
OR ATTENDI he hospital or DIRECTOR: A croched for use Dept. of Heal	AT WORK AT WORK 220.1 certify that (I) (2 his h	aspital attended the deceased free an disputation of the body biter death.	om_ June 22 19 8		, 19.84, that (I) (we) last your and from the causes stated 22c. DATE SIGNED Thy 4.1984
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State IMPORTANT. If	23a. BURIAL, CREMATION, REMO	S. GILLIES	22e ADDRESS SINAI 236. NAME OF CEMETERY OR CREMATO		
BP	Burial	7/8/84	Ayden Cem.	Ayden	N.C.
DHMH - 16 50M 4/B3 (VRA 15, 4)	Wm. A. March	F/H 1101 E.	North Ave.	DATE REC'D BY REGISTRAR 210. REG	STRAR'S SIGNATURE



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the haspital or attending physician.

executed within 24 hours after death. Page 4 may be

STATE OF MARYIAND

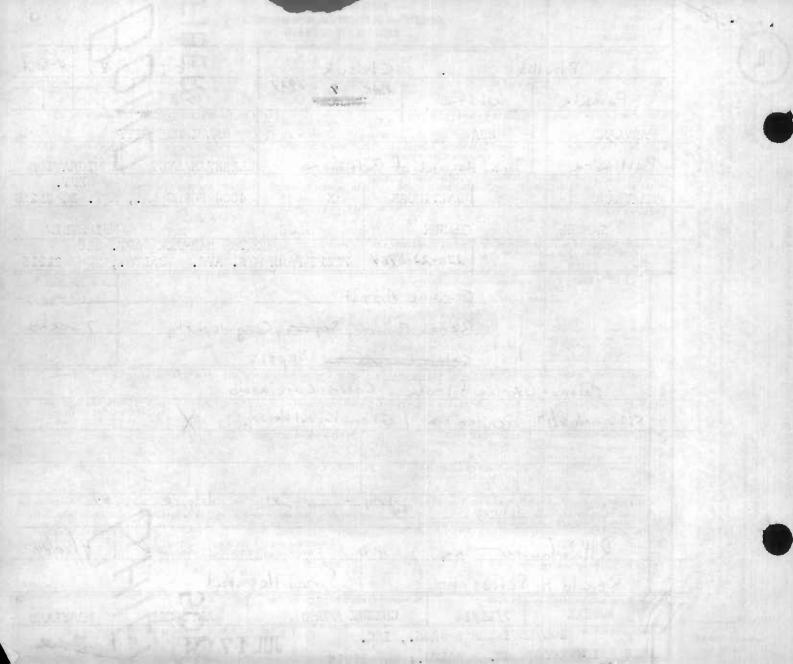
) I M I	L OI M	MALL	AITU	
DEPARTMENT	OF F	IEALTH	AND	MENTAL	HYGIENE
CE	RTIF	ICATI	OF	DEATH	

M	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENT		ENE REG. NO					
1	1. DE	CEASED NAME FIRST	M	IOOLE		AST			MONTH	DAY YEAR	2b HOUR		
10		JOSEPH JOSEPH	ł		CHAF	RNECK		7	2		7;12p »		
3	3 SE	(4. RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
		male	whit		Ž MONTH	19	VEAR 09	75	HOURS MIN.				
As]_		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8 MARRIE	D NEVER MARK	RIED 🗆	9. BALTIMORE CITY OR COUNTY OF DEATH					
201		New Jersey	U.S.		WIDOWED DIVORCED BALTIMORE						MD		
Pied	10 C	TY OR TOWN OF DEATH			PITAL, NURSING HOME OR OTHER INSTITUTION [ILITY, GIVE STREET ADDRESS] 120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING I						F BUSINESS OR		
Total	B	ALTIMORE	VAMC	BALTIMOF	E, MA	RYLAND 21	1218	mechanic		airpl			
35	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	OTHER INSTITUTION (Baltimore Yes X NO			3730 St.	zip cod Mai	garets	1225 St.			
niner		ATHER'S NAME	MIDOLE	LAST		15. MOTHER'S MA	IDEN NAM	E MIDDLE		IAS			
(S)C		Paul		Charnec	k	Marya	nna			Bork	oroska		
medical		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS					
a l	ı '	yes W	TI DATES)	154 09	2832	Estell	e An	dreacchio	(sa	ame as	13E)		
event, the	18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY:									BETWEEN	MATE INTERVAL ONSET AND DEATH		
× 6			D BY. TE CAUSE (a)				11/84	- 7/FY					
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5 7	E		YES IN NO NO							TFYING CAUSES	OF DEATH?		
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MPORTANT		ROBERT C	. Cook			\$							
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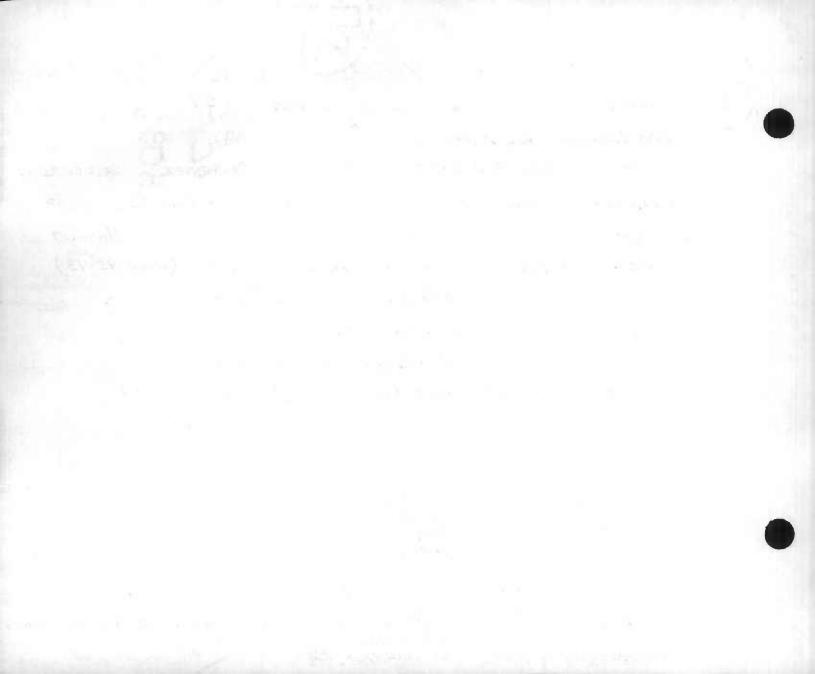
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours not attending physicion and completely filled in by os the buriol-transit permit. Then please remove corban papers. Pages and 2 should be fill though Americal Hygiene prior to buriol, cremation, or removal. or ked or Item 18 shows any injury, or other traumatic event, the medical examiner must be an orked or Item 18 shows any injury.		PART 2. OTHER SIGNIFICANT	CONDITIONS						DITION CIVEN	INI DADT 1	
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N OF SICIA ng ph certifi urial-ti Nental	MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER)		Μ.	19	211 LOCATIO	201					
NG PHYSICIAN: The law requires the attending physician. After this certificate has been signed be as the burial-transit permit. Then pleas the and Mental Hygiene prior to burial, and Mental Hygiene prior to burial, arked	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (AT HOME STI	REET FACTORY, OF	FICE, FARM ETC)	STREET		CIT	Y OR TOWN	COUNTY	STATE	
DING O O O O O O O O O O O O O O O		220 I certify that (X(th	nis hospital)	attended th	e deceased fr	om Apri	2 26	19_84	to Tuly	6.	. 19 84	that X (we) last	
TTEN TOR TOR of Ho		sow the deceased obove, (X (we) (did	olive on	July 6	after death	19_84	nd that in (m X)	(our) opinion	death accurred on	the date and ha	ur and from the	couses stated	
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7 5 F 2 7 4		URIAL, CREMATION, RE		23b. DATE		A	CEMETERY OR		23d. LOCATIO		COUNTY	STATE	
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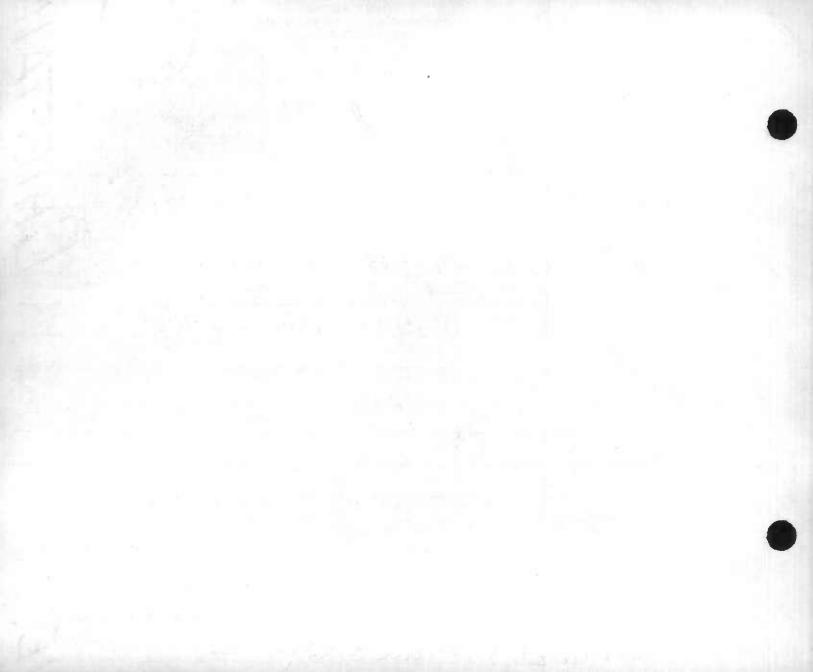
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190 DATE OF OPERATION	EATH?
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(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI

CERTIFICATE OF DEATH

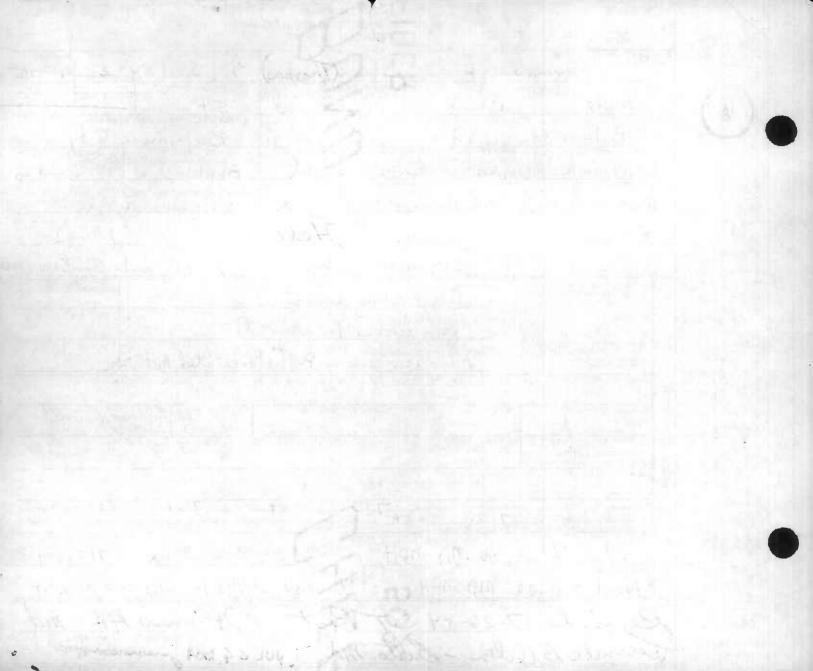
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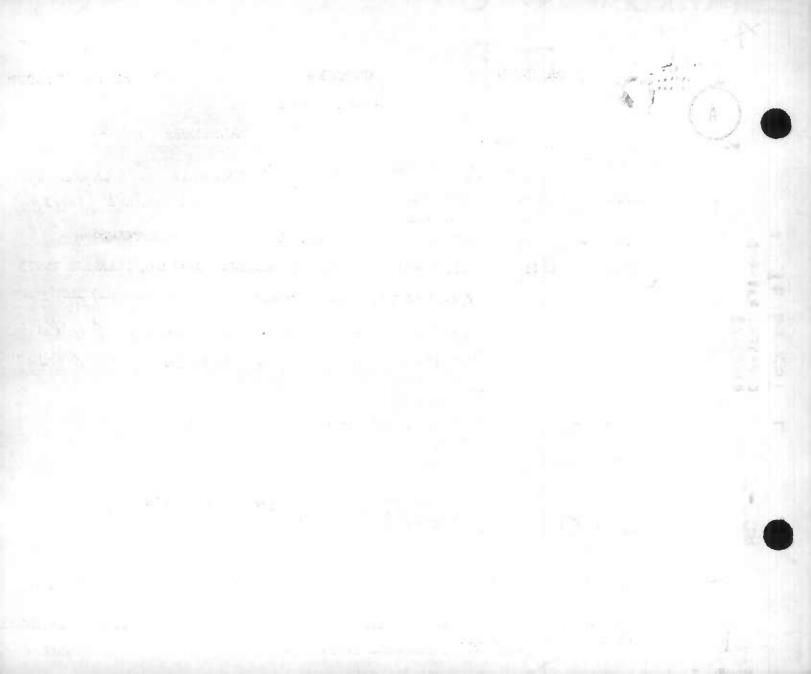
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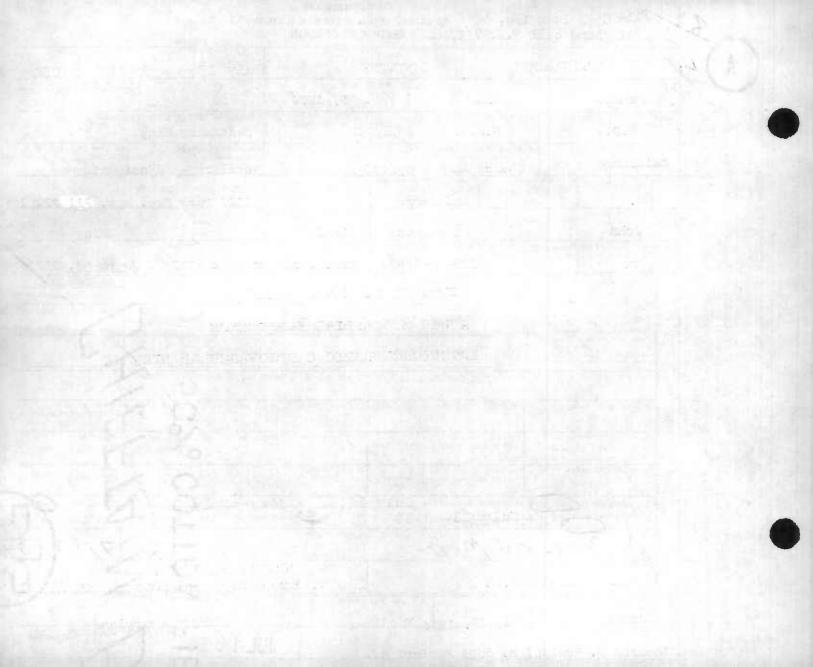


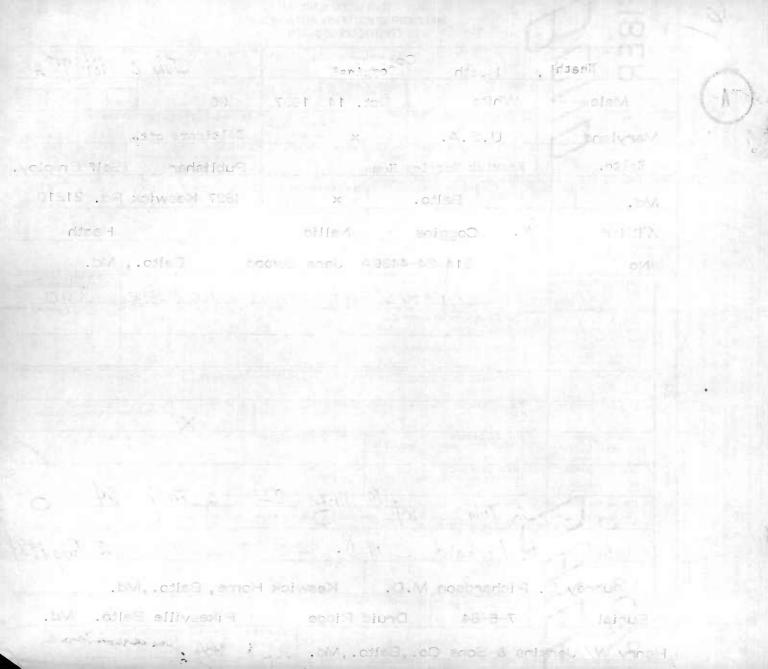
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de other		CEASED NAME FIRST OR PRINT! Jeffre	ey Wayne Cl	1 M 3 DN	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 1084 417 PM
eral director, page 72 hours ofter dea	3 SE	m2/2	4 RACE	5. DATE OF BIRTH MONTH DAY SEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY) O YRS.	IF UNDER TYEAR IF UNDER 24 HRS
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ould be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	ALLA TELEVISION	nster x515 NO 1	130 STREET ADDRESS / ZIP COD	
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g physicion and conpopers. Pages remaval event, the medical			nly one couse per line for (a), (b), on D BY:	d (cs.)	DEEK.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the attending remave corbo ematian, or re er traumatic e	Ä	Conditions, if ony, which	DUE TO, OR AS A CONSEQUI			
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signe hen p ta bur njury,	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	IVEN IN PART Ito
Hygiene prior	CERTIFICATION	190 DATE OF OPERATION -16-64	POSTERIOR F	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\) NO \(\)
or Item 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART FOR PART 2}
red or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
far use os af Health 21 is mark		saw the deceased alive an	atol) attended the deceosed from 19 dot) view the body after death.	19 4 A and that in (my) (our) apinior	, to	ur and from the causes stated
out be detoched for us		22b. SIGNATURE	Dolomm	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
should be deto with the State [IMPORTANT: If		22d PHYSICIAN'S NAME	Lomon F	225.6	MENTS. UN	HOSPITE
. 3		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 7-13-1984 23c. 1	NAME OF CEMETERY OR CREMATORY Bethany		Carroll, Md.
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STATE OF MARYLAND





STATE OF MARYLAND	,
DEPARTMENT OF HEALTH AND MENT.	AL HYGIENE
CERTIFICATE OF DEAT	н

REGISTRAR REG. NO I. DECEASED NAME Pauline 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR White 1904 10 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED Baltimore NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR AT HOME APT. 2A 130-STREET ADDRESS / ZIP CODE APT. 2A C984 Milbrook Park Dr. 21215 Baltimorz Morstein SAMUEL COHENADDO984 MILBROOK PARK DR. 168 WAS DECEASED EVER IN U.S. ARMED FORCES? No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) rena DUE TO, OR AS A CONSEQUENCE OF 10) rectal carcinoma Emetasticis to the pelvis Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION none 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [WAS UNDERLYING MONTH DAY 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING DIRECTOR | PHYSICIAN 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

21215

Sinai Hosp, Beliedere at Greenspring

BURIAL		7/23/84	BALTIMORE	HEBREW
A FUNERAL DIRECTOR	SOL L	EVINSON &	RROS INC	75n

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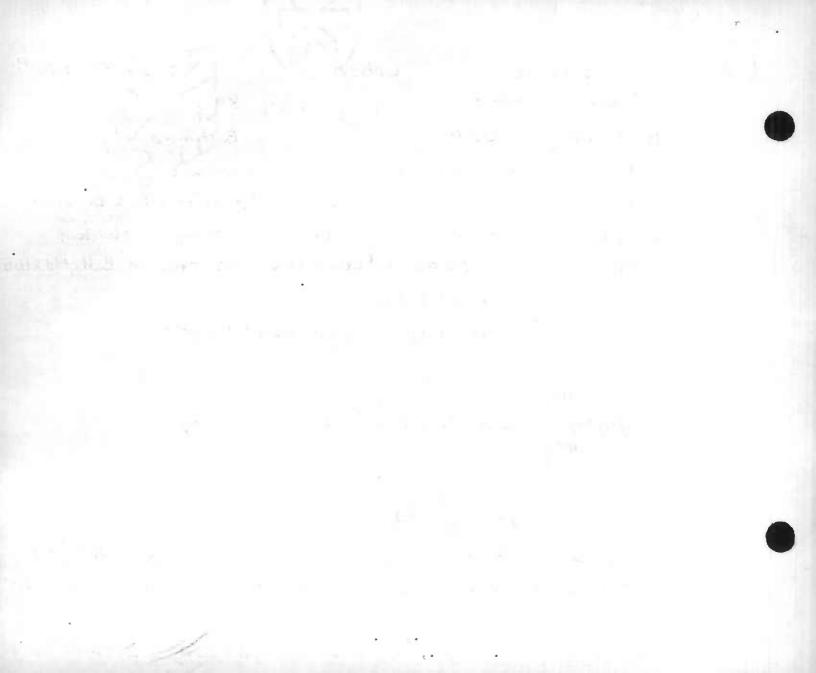
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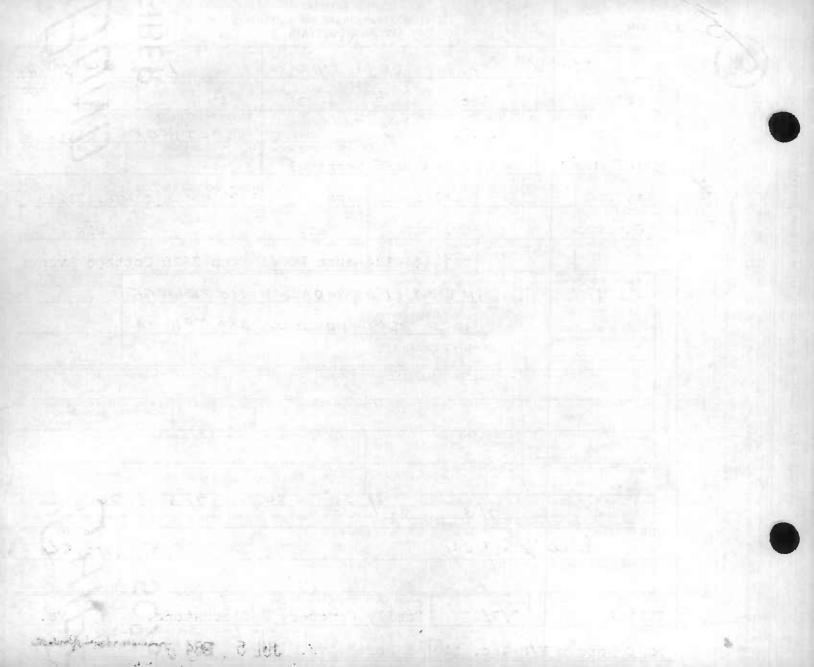
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APORTANT

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BY REGISTRAR 251. REGISTRAR'S SIGN TURE 100





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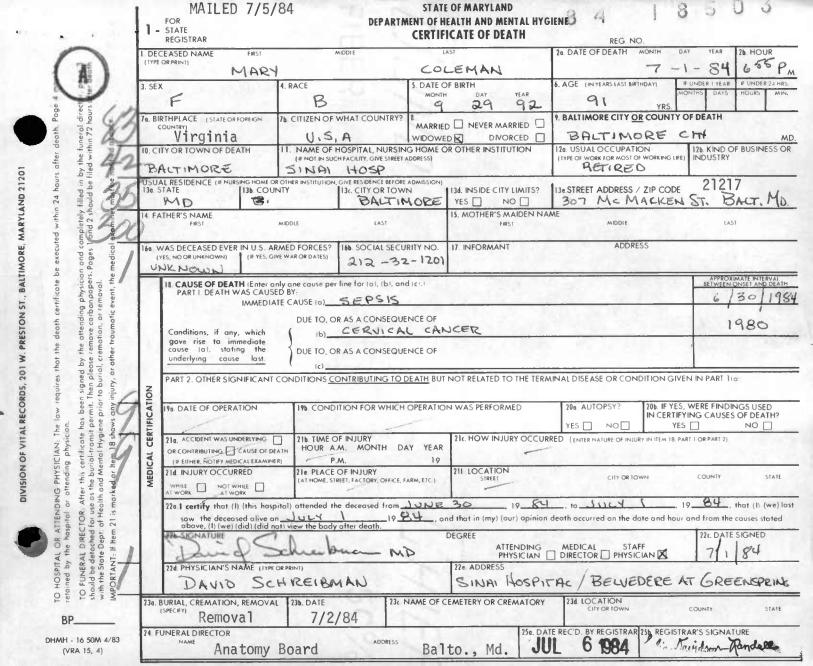
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR		DEPARTI		EALTH AND	MENTAL HYG DEATH		, NO.	0	3		
	1. DECEASED NAME FIRST (TYPE OR PRINT)	a	MIDDLE	Co	lema	N	2a. DATE OF DEATH		5 8	EAR 2	910	3PM
	1.5Ex	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS	BIRTHOAY	IF UNDER I		F UNDER 2	4 HRS
	Pemale	White		7	10	1892	9:	L YRS		DATS	TOOKS	WIN.
)	TE BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9. BALTIMORE CIT	_		TH	11.0	
	Maryland	U.S.Z		WIDOWE		NORCED	Baltimo					MD.
	Baltimore	Franci	HOSPITAL, NURSIN H FACUTY, GIVE STREET LS SCOTT	ADDRESS) Key				ST OF WORKING		IND OF E	BUSINES	SOR
5			Isc. CITY OR TOW Dunda	N	13d. INSIDE	ITY LIMITS?	13e STREET ADDRES		e Roa	ıd	21	222
1	14 FATHER'S NAME FIRST Adolphus	WIDDLE	Spicer			'S MAIDEN NA/ FIRST TY	WE	É		LAST		
1	160 WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES. GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 214-24-		17 INFORM		Coleman	DRESS	. Sa	ame	as	 13e
t	Canditions, if any, which gave rise to immediate cause Ial, stating the underlying cause last PART 2 OTHER SIGNIFICANT IN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO I	ENCE OF ENCE OF	NOT RELATE	Sarce	INAL DISEASE OR CO	20b. IF Y	YES, WERE F TIFYING CA	INDING USES OF	FDEATH	1?
		ATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW II	JURY OCCURE	RED (ENTER NATURE Q. I		YES 8 PART I OR PAI		NO [
	OR CONTRIBUTING CAUSE OF DE	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCAT	ON T	CITY O	RTOWN	COUN	FY	STA	.TE
1		or print)	Hogy		DEGREE 22e ADDRE	ATTENDING PHYSICIAN [SS		TAFF				
2	230. BURIAL, CREMATION, REMOVAL Burial	7/9/1	L984 Sa				23d LOCATION CITY OF TOWN Dundal	k Ba	alto.	M	ary	lan
	7922 Wise Avenu		ADDRESS	MD	21222	25a DATI	E REC'D. BY REGISTR	AR 25b. REGI	ISTRAR'S SIC	SNATUR	E	

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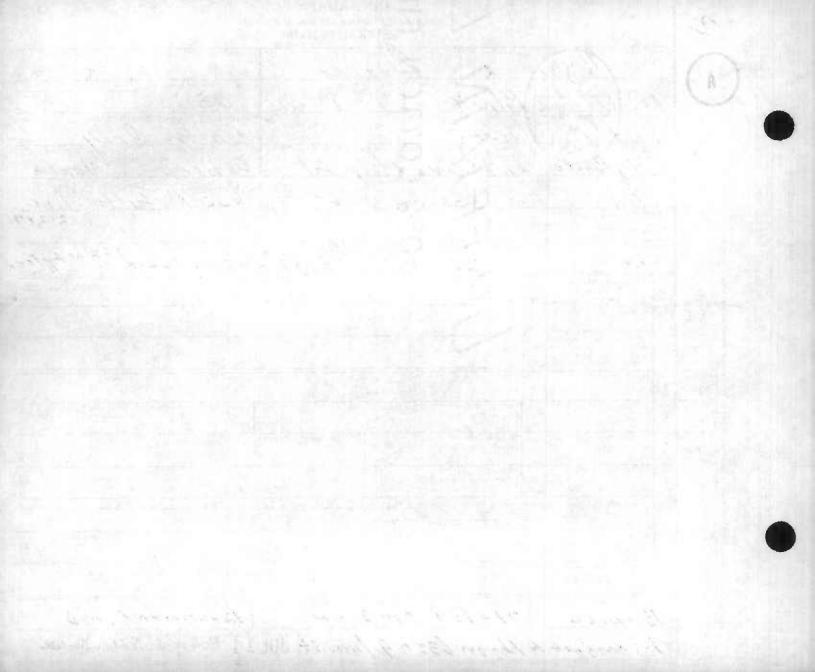
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4	1	FOR - STATE REGISTRAR			DEPARTA	CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B	8) 5
		ECEASED NAME PE OR PRINT)	FIRST, F/15.		CO CO		odor E	2a. DATE OF DEATH	7 3/	84 21	HOUR 2
	3. S	EX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	IHDAY) IF U		FUNDER 24 HRS
		Female		Black		4-	26-1900 YEAR	84	YRS.		
of once.	1	BIRTHPLACE (STATE OF COUNTRY) aryland	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O		ity	M
46		Balto.	EATH	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET CR HOSPI	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWI	F WORKING LIFE)	12b. KIND OF B	BUSINESS O
35	1 130	ual residence (IFNL STATE Md.	136 COU	ROTHER INSTITUTION NTY	Balto.	ADMISSION)			F A emon	t Ave	2120
20		FATHER'S NAME ZOTA		Henry	LAST		15. MOTHER'S MAIDEN NAM	ine H	enry	LAST	
,	160	WAS DECEASED EVE		MED FORCES?	165 SOCIAL SECU		17 INFORMANT	ADDRE		n - 04	
1	L	no			167-20-	0009	Mary Pear	son 710 N	• Monr		TE INTERVAL
2	CERTIFICATION		ation	CONDITIONS C for the	DITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDING	S USED F DEATH? NO
9			CAUSE OF DE	ATH HOUR A		AY YEAR	21c. HOW INJURY OCCUR	CED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2}	
7	MEDICAL	21d. INJURY OCCU	WHILE		OF INJURY FREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a. I certify that sow the dece above, (I) (we 22b. SIGNATURE 22d. PHYSICIAN'S	osed plive ar (did) (did no	n ot) view the book	1200/Rid/		DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	idor 🗆	nd from the co	
- I MPOKIANI	230	BURIAL, CREMATION	PLAY		CORLE	~	EMETERY OR CREMATORY	NO / FOS	pime		
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2 1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	REG. NO.
A) 3.3	DECEASED NAME YPE OR PRINT) SEX BIRTHPLACE (STATE OR FOREIGN	4. RACE S. DATE OF BIRTH Black S. DATE OF BIRTH MONTH DAY YEAR 6. AGE	E OF DEATH MONTH DAY YEAR 26. HOUR 7-3-84 7. SOA (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN MORE CITY OR COUNTY OF DEATH
10.	CITY OR TOWN OF DEATH LA BALFO SUAL RESIDENCE (IF NURSING HOME)	MARRIED NEVER MARRIED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SPICE STREET ADDRESS) 12. USU (IF YOU IN SPICE STREET ADDRESS)	IAL OCCUPATION WORK OF MOST OF WORKING LIFE) INDUSTRY
13	FATHER'S NAME FIRST		MIDDLE LAST 2121
160 po	K/8	only one cause per line for (a), (b), and (c).	ADDRESS APPROXIMATE INTERVAL BETWEEN CHIEF AND DEATH
hen please remove carbon to buriel, cremation, or rem njury, or other traumatic eve	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 110
or Item 18 shows ony injury	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 A YES [20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO SET NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2
rked or Item 18		DEATH HOUR A.M. MONTH DAY YEAR	CITY OR TOWN COUNTY STATE
T: If Item 21 is mo	saw the deceased alive a	DEGREE ATTENDING MEDIC	urred an the date and hour and from the causes stated ' 22c. DATE SIGNED AL STAFF OR PHYSICIAN X
MPORTANT: If	22d PHYSICIAN'S NAME (TYPE A Mathew BURIAL, CREMATION, REMOVA	E OR PRINT) 270 ADDRESS Lutheran Hospita	l. 730 Ashbutan 8t.
	BURIAL CREMATION, REMOVA	7/9/84 7/9 2,000 /	BY BEGISTRAR 29 REGISTBAR'S SIGNATURE BY ALVING JAUNGAM ARMOLD



ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Md. Garrison Forest Veterans Owings Mills LeroymeM. & Russell C. Witzke Funeral Homes P.A. 250 DATE RECT. BY REGISTRAR 250 LEGISTRAR 250 LEGIS

DHMH - 16 50M 4/83 (VRA 15, 4)

2b. HOUR

12b. KIND OF BUSINESS OR

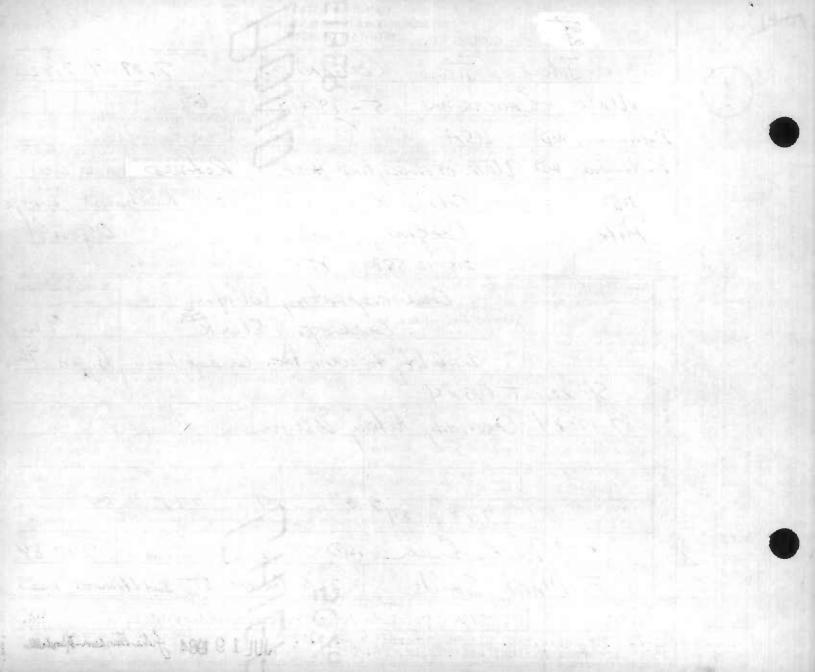
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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C31	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	DECEASED NAME FIRST TYPE OR PRINT) KATHER	MIDDLE	COOPER	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 7 15 84 4.27P					
a difer p a dife		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 1 25 1894	6. AGE (INYEARS LAST BIRTHDAY) 9 O YRS.					
6 70 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE & City M					
4 47 4/	BALTTMORE	ST. AGNES		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER 12b. KIND OF BUSINESS OF					
2 H 2 E	SUAL RESIDENCE (IF NURSING HOMEOR 10. STATE 13. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR TY 13c. CITY OR TOV BALTIN	10RE YES NO [13. STREET ADDRESS AVER HILL RD, 21229					
	JOHN	MASINGO	15. MOTHER'S MAIDEN NA FIRST KATHER IN	E RUEHL					
iote be execut ysicion and coppers. Pages I vol.	0. WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVI	WED FORCES? 16b. SOCIAL SEC E WAR OR DATES) 217-01-		UTTALL 1250 HAVERHILL RD. 2122					
e death certific e othending ph move corbona nation, or remo traumotic even		DUE TO, OR AS A CONSEQU	JENCE OF Moderne Myor	Arrest ardial Infarction					
been signed by min. Then please prior to burial, cony injury, or oth	underlying cause last. PART 2. OTHER SIGNIFICANT C	conditions contributing to femur - w		MINAL DISEASE OR CONDITION GIVEN IN PART 110 FOOTUPE 200 AUTOPSY? 200 IN CERTIFYING CAUSES OF DEATH?					
HYSICIAP ding physicians certification buriol-tr buriol-tr or Rem 1	OR CONTRIBUTING & CAUSE OF DEA	TH HOUR A.M. MONTH	211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OF PREMI THE WAY					
TENDI offel or TOR: A for use of Heol	22a.1 certify that (1) (this hospi	tal) attended the deceased from		n death accurred on the date and hour and from the causes stated 22c. DATE ŞIGNED.					
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIREC should be detoched it with the State Dept.	22d. PHYSICIAN'S NAME (TYPE O		MD ATTENDING PHYSICIAN 220 ADDRESS 57	MEDICAL STAFF DIRECTOR PHYSICIAN # 715/84					
TO HO To the principle of the principle	30. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY LOUDON PARK	23d. LOCATION BALTIMORE CITY COUNTY MARYLAND					
8P		07-19-84	TAHAMI DADV	I DATE INDITION TO MAD VIA NII.					

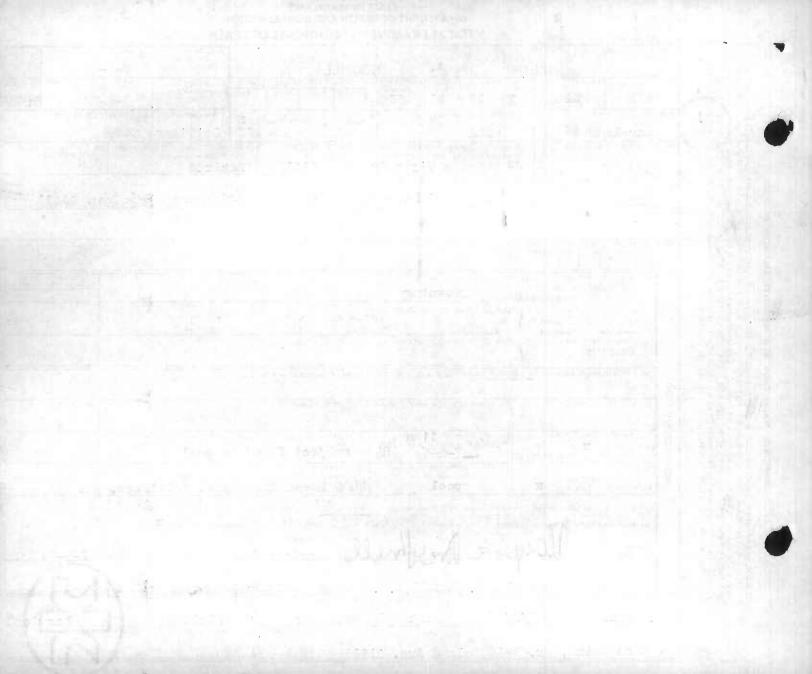
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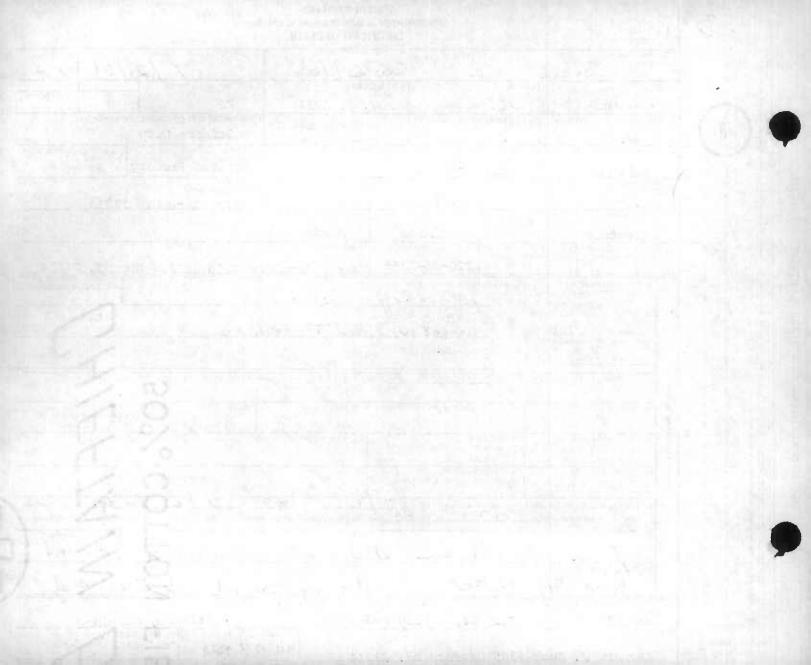
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) ESTI-DIRECTOR.
R FILES.
HOURS A. CORRELL DEATH MATED WILLIAM 7-5-84 10 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YR. JE LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) YEAR MONTHS PRONOUNCED Male White 21 2 17 63 6:40A DEAD 7-5-84 19 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED | NEVER MARRIED | FOREIGN COUNTRY Maryland USA Baltimore City DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY 4406 Buena Vista Avenue 21211 Retired Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSPITUTION, GIVE RESIDENCE REPORT ADMISSION) 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS W. PRESTON ST., BALTIMORE, MD. 21201 4406 Buena Vista Ave. 21211 Baltimore YES X Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST CIRS1 ON PO 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FOR ES? 16h SOCIAL SECURITY NO. DIVISION LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o)-REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA OF PRIOR TO BURIAL, C 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES (NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING TOOR
CONTRIBUTING CAUSE OF DEATH subject found in pool 19 8/1 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE 09 pool Buena Vista Ave. Baltimore. Md. AT WORK AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S'
BALTIMORE, MARYLAND, X MARYLAND, 220. I certify that I took charge of the remains described obove, held on Autopsy death resulted from: Suicide Hamicide Undetermined manner ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A (TYPE OR PRINT) Korell ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b DATE 23d. LOCATION COUNTY STATE SPECIFY Burial 7/9/84 Most Holy Redeemer Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** A. Alan Seitz, Jr. 3818 Roland Ave. 21211 (VR A15 ME (5))

20M 4/82

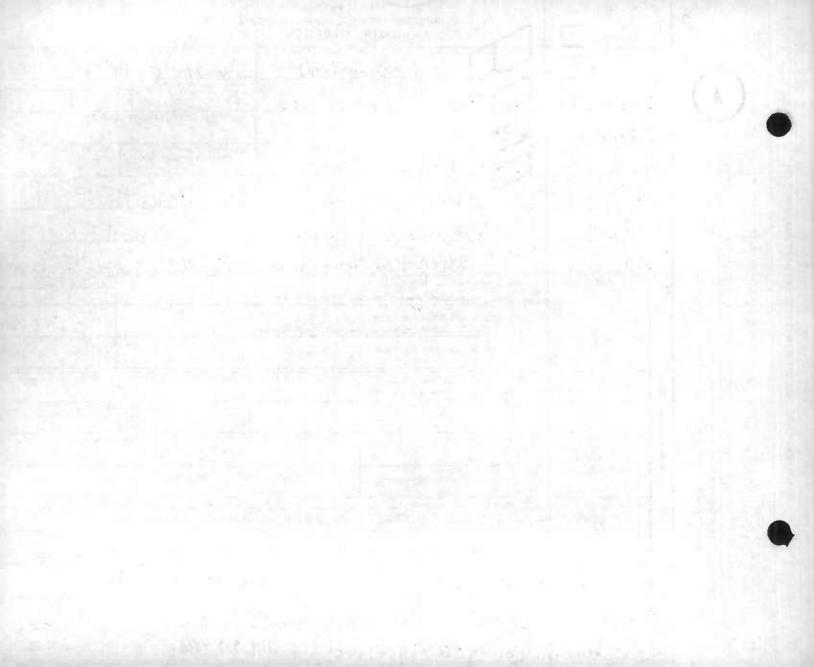
STATE OF MARYLAND



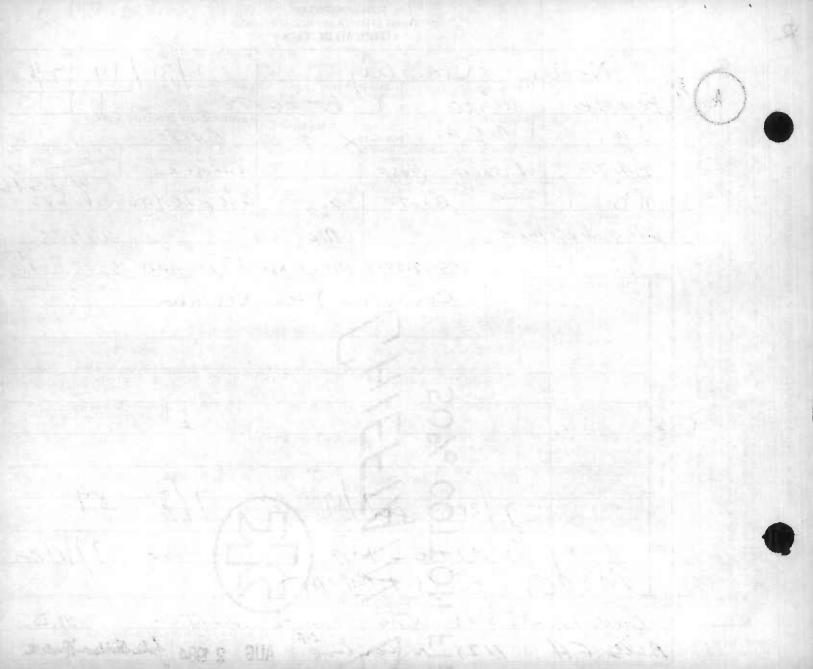
2	1.	FOR			TE OF MARYLAND HEALTH AND MENTAL HYO	SIENE S 4	8 3 1 4
13	1 -	STATE REGISTRAR		CERTI	FICATE OF DEATH	DEC NO	
	1. DE	CEASED NAME FIRST	WIDDLE		LAST	REG. NO. 20. DATE OF DEATH MONTH ,	DAY , YEAR 26 HOUR
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may be page 3 er death	3. SE	70716	R.		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI
He He		- 1	1. RACE	MONT	TH DAY YEAR		MONTHS DAYS HOURS MI
6	-	enale	whole		7. 8, 1911	72 _{YR}	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	OUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
de (14) 33		Md.	USA	WIDOW		Baltimore Cit	
à Transition	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS (INDUSTRY
by the filed		Baltimore	Mercy Hos	spital		Retired-Facto	
or e	USU. 13g. S	AL RESIDENCE (IF NURSING HOME CO		IDENCE BEFORE ADMISSION) TY OR TOWN	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
filled outdit		Md.		ltimore	YES NO	4320 Clare Wa	21213
del de	14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
		Salvatore	MIDDLE	Cimino	Marie	WIDDLE	LAST
0	16a \	WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17 INFORMANT	ADDRESS	
Pages medica	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	0-05-5299	7	2015 W. 11 ou	hh. na 21224
0 0 0 0/	-				I Marie Anzalo	one 2915 Willoud	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
rtificate a physici enaval. event, th	-	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED BY:	1	۸		BETWEEN ONSET AND DEA
ing p rbon, r rem ic eve			ATE CAUSE (0) PU	marary	edema		
nding corb or r		17	DUE TO OP AS A	CONSEQUENCE OF			
attend ave ca ation, o		Conditions, if any, which		resilve	Horal For	luce	the second
the atter remave c emation, er traum		gave rise to immediate	(b)	1031100	1700	10, 0	
ed by the attendin lease remave carb rial, cremation, or ar other traumatic	19	cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF			The contract
or o			(c)				
n signer Then pl	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART Tras
· -	CERTIFICATION	19a DATE OF OPERATION	IN CONDITIONS	OR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
	2	198. DATE OF OPERATION	176 CONDITION IN	JR WHICH OPERATIO	DIN WAS PERFORMED	IN CER	RTIFYING CAUSES OF DEATH?
te has sit per giene shaws	E		2			YES NO	YES NO
physician rificate har rificate	W.	210. ACCIDENT WAS UNDERLYING		ry Onth day year	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
PHYSICIAN: ending physical this certifical te burial-tran ad Amental Hy d or Item 183	A	OR CONTRIBUTING CAUSE OF DI	LAIN	ONTH DAT TEAR			
HYSIC nding his cer burio a Ment ar Iter	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJU		211. LOCATION		
physician: Intending physicians this certificate the buriol-transit and Mental Hygiced ar Item 18 sho	ME	WHILE NOT WHILE AT WORK		ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
					1	3/21	0.4
		22a. I certify that (I) (this has	0101	M 16	19 8	1, 10 / 21	_, 19, that (I) (we)
RECTOR		saw the deceased alive o obove, (I) (we) (did) (did n	n	19 84 , o	and that in (my) (aur) apinion	death accurred an the date and h	nour and Iram the causes stated
Ok Aften be hospital DIRECTOR sched for u Dept. of He f frem 21 is		226. SIGNATURE	A A		DEGREE		22c. DATE SIGNED
TAL Or the detach forte Detach Tate Detach		111.	M RV	0 1	ATTENDING	MEDICAL STAFF	7/21/84
FUNERAL ORIANT:		22d PHY II JAN'S NAME (TYPE	100	- U	PHYSICIAN [DIRECTOR PHYSICIAN	11/04
FUNE FUNE Pold be		THE PIPE OF A			M ADDRESS	-1 1	- 1
0 - 0 - 0		1+(an //	. Blaker		Mercy Ho	spilal Bul	10. mil
5 5 5 4 3 8		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
BP		Burial	July 24,	Holy Re	deemer	Baltimore,	Marazza z
	24 FI	JNERAL DIRECTOR	1 0019 23/	1 10		TE REC'D. BY REGISTRAR 256. REG	ISTRAP'S SIGNATURE
MH - 16 50M 4/B2		NAME		ADDRESS			istrar ssignature
(VRA 15, 4)		Leonard J. Ruc	k 5305 Harf	ord Rd 21	274	2 3 1984	in the Market



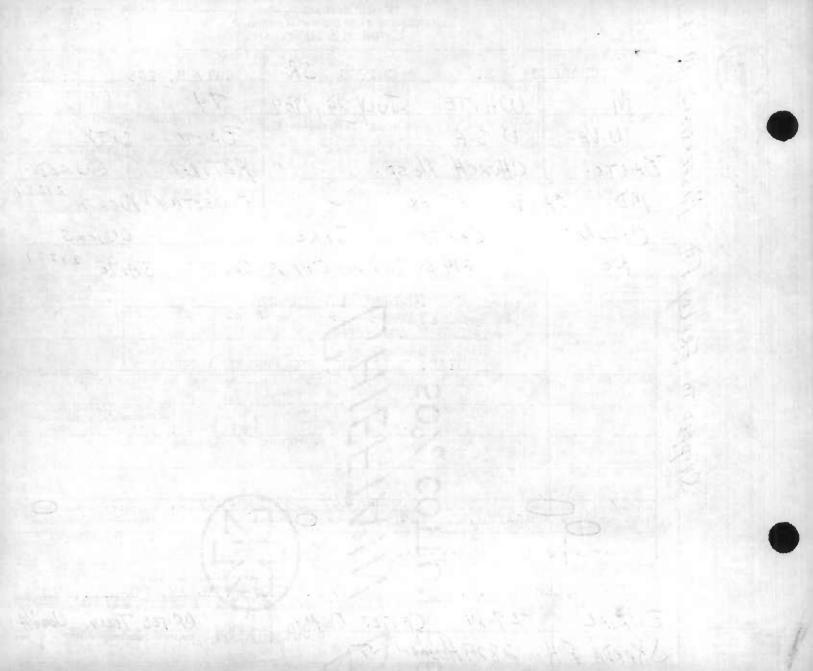
STATE OF MARYLAND

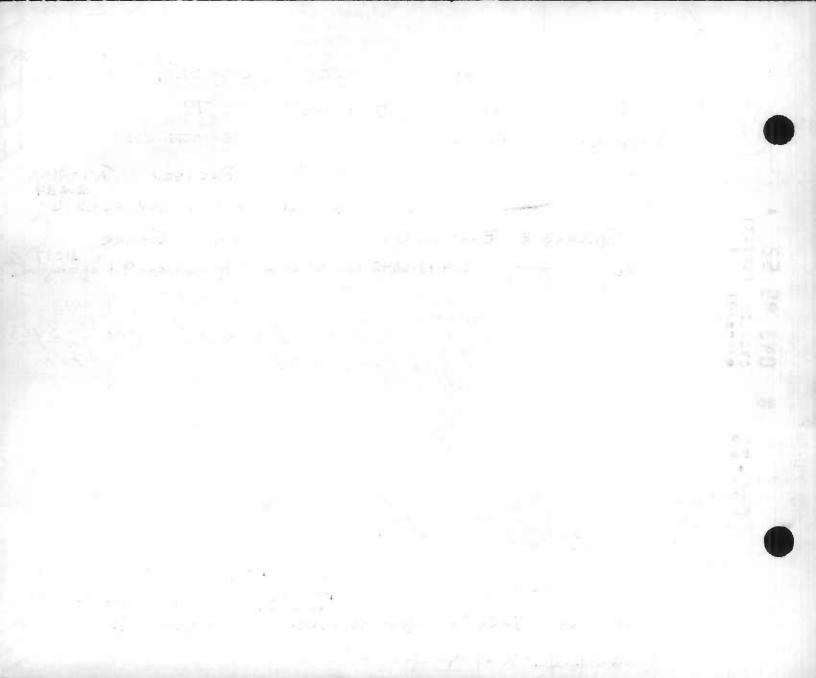


5	, , , , , , ,	١,	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
The	- A-0-	1 -	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
(EASED NAME FIRST MIDDLE LAST 26. DATE OF DEATH, MONTH DAY YEAR 26. HOUR
	: 75	TYPE	OPPRINTI Nellie Crawley 7/31/84 735 m
	0 00	3. SEX	4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LATE BIRTHDAY) IF UNDER I YEAR IF ONDE 24 HRS
	(A)	F	emale Negro 15 06 78 YRS. MONTHS DAYS HOURS MIN.
	A Dist Son		RTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTO. MD.
	the state of	10. CI	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR
10	1 146		BALTO, LUTLERN HOSP. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
02120	d be d in	USU/ 13a. S	CRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 134 STREET ADDRESS
A	2 ≡ 2 E 7 0	1	N.D. BALTU. YES X NO 1 2408 LONG WOOD ST.
ARYLAND	with with od 2 od 2	14. FA	THER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST
m,	5 0	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
ALTIMOR	be execu	Р	15. NO OF WKNOWN) (IF YES, GIVE WAR OR DATES) 225-92-2814 MR. ALBERT FREEMAN 1228N. Chase
201 W. PRESTON ST., B	iquires that the death certificate signed by the ottending physici her please remove carbonpoper to burial, cremotion, or removal. niury, or other troumatic event, the	NO	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF [c] PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
RECORDS,	he low re	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAL	sh og itt	ERTI	YES NO TENTION TO THE OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2)
DF V	SICIAN: ng physical certifical certifical urial-tran Nental Hy		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
DIVISION OF VITAL	3 PHYSICIA thending ph pr this certif the burial-tr ond Mentol	MEDICAL	216. INJURY OCCURRED 216. PLACE OF INJURY LATHOME STREET FACTORY, OFFICE FARM ETC.) 217. LOCATION STREET COUNTY STATE
NIC.		-	WHILE NOT WHILE AT WORK AT WORK
	ENDIN ral or a DR: Aft r use or Health		220.1 certify that (1) (this haspital) offended the eleceased from
	R ATT hospit RECT hed for tem 2 l		above, (1) (worlding (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED
	0 = 0 = =		ATTENDING MEDICAL STAFF 7/3//M
	TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: If		122d. PHY CIAN'S NAME (TYPE GRAPHINI) GEBREMANLIAN
	Of Odd M	23a E	SURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE
	8P		BURIAL 18-3-84 King Mem. PK. BANTO. M.D.
	DHMH - 16 50M 4/82 (VRA 15, 4)	B	etts ff /129 ADRESS - Caroline AUG 2 1984 gulia builden Hondese



V		11	FOR - STATE		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	GIENE 8 4	8 5	1 3
4	No.	3	REGISTRAR			REG. NO.		
1	ms		DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
	ay be	7	CHARLES	S.	CRITES JK.	July 3.	1984	8:45A M
	2.3	A 3	SEX AA	RACE 5	DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS MINL
	ge 4	73	IVI I	WHITE	JULY 29,1909	14	YRS.	
	Po di	7	BIRTHPLACE (STATE OF FOREIGN 76	. CITIZEN OF WHAT COUNTRY? 8.	MARRIED T NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	1-2-3-6
	nero nero	13	W.VA.		VIDOWED DIVORCED	DACTO.	CITY	MD.
	er d	POR I	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING		12a USUAL OCCUPATION		OF BUSINESS OR
10	s of	D	DALTO.	CHURCH HOS	P.	RETIRED	GC	JARD.
BALTIMORE, MARYLAND 2120	haur Lin be f	20	SUAL RESIDENCE (IF NURSING HOME OR OT	THER INSTITUTION GIVE RESIDENCE BEFORE AD	AISSION) 1136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIE	CODE	71271
Q	24 filled ould	2	BALL	TO ESSEX	YES NO	5WESTW.	AYNORT	7
MIN	ithin tely 2 sh	77	FATHER'S NAME	DDLE LAST	15. MOTHER'S MAIDEN NA		/	
MAR	y be apply	XX	(HARLES	CRITES	JANE	MIDDLE	O(1)E	25
RE,	ecute es	S	WAS DECEASED EVER IN U.S. ARMI		Y NO. 17 INFORMANT	ADDRESS		
WO	Pog e		[YES, NO OR UNINOWN] (IF YES, GIVE V	NAR OR DATES) 214-05-	1464 DOROTHY A	- CRITES	SAME	2/22/
ALTI	de sicos		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and ((4)		APPROX	CIMATE INTERVAL ONSET AND DEATH
2	phys phys npop movent,	1	PART I. DEATH WAS CAUSED IMMEDIATE	BY: CAPDIOD	ULMONARY ARRES	ST.		
S	ling irban or rel	3	IMMEDIATE					
W. PRESTON ST	Hend Hend Ve co on, o	B	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE (b) END STA				
P. B.	he de off	181	gove rise to immediate couse (a), stating the)				
3	by the	4	underlying cause last	DIAB. M		TERAL AMPUTI	ישיה	
201	ned plec		PART 2 OTHER SIGNIFICANT CO		ATH BUT NOT RELATED TO THE TERM			0
ZDS,	significant signif	10						
Ö	beer mit.	Zi.	19a DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDI	NGS USED
T R	has has	1		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		YES NOT	CERTIFY ING CAUSES	NO
DIVISION OF VITAL RECORDS,	V. Tr. Vysicic cote cote consist Hygin B sho	念	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
P.	CIAN phy phy stoletre stoletre	2	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR			
20	HYSII Iding Iding Iburii Mer Mer	H	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		COUNTY	STATE
VISE	G Ph stren the and and ked	7	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARA	A, ETC) STREET	CITY OR TOWN	COUNTA	STATE
ā	Afte oolth		22a.l certify that (1) this hospital	ottended the deceased from	June 14, 19 84	July 3,	19 84	that (I (we) inst
	TEN TOR or us of He		sow the decreased plive on	July 3. 1984	, and that in (my) our) pinion	death occurred on the date of		
	haspit haspit ned fo		obove, (1) we) (did (did not) 22b. SIGNATURE	view the body after death.	DEGREE		22c DATE	SIGNED
	0 0 000 -	1	-onlike	(luha	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN		
	by the by the seeder of details State	+	22d. PHYSICIAN'S NAME (TYPE OR F	PRINT)	In apperer	JRCH HOSPITA		
	etained by TO FUNERA should be de with the Stat	7	MUKESH LUHA	AD M D				367
	shoot of shoot				100 N. KOP	ROADWAY	BALTO.	, MD
	DD		BE) OIA	77-84 10	TES CEM	CITY OR TOWNS	ES COUNTY	1 /59ATE)/p.
	BP	13	1 FUNDERAL DIRECTOR	101	JIW CENTURA	TER C'DES HEGISTOARIZAN	her be teal with the	
DI	HMH - 16 50M 4/83 (VRA 15, 4)		KARDA F.H.	2829 HIMON	15%	0		à
	(4KM 13, 4)	-	SIMPLY 1	001110000				





20	1-	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	8 > 1 /	
B	(TYPE	CEASED NAME OR PRINT) FIRST	sh L	Culotta	20. DATE OF DEATH MONTH	5 84 747 PM	
ge 4 ector. irs offi	3. SE	m	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	
he funeral dir within 72 hau fied at bnee.	7a. Bl	OUNTAY) Baltimen	7b. CITIZEN OF WHAT COUNTR	NEVER MARRIED NEVER MARRIED WIDOWED DIVORCED	8 BALTIMORE CITY OR COUNT	. (./.	
5 78 67	14	Baltimoe	(IF NOT IN SUCH FACILITY, GIVE STA	Mcsnital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired TAVERN	126. KIND OF BUSINESS OF JUNET JOWNEY	
filled in b fould be fill must be n	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 13b. COU	ROTHER INSTITUTION, GIVE REMODENCE BE NTY 136. PITY-OR TO	OWN 13d. INSIDE CITY LIMITS? YES TO D	13e, STREET ADDRESS & CO	Seft of the	
completely 1 and 2 sh	14. FA	THER'S NAME	THE Culotte	15. MOTHER'S MAIDEN NA EHA CINO-H	Concetta Libe	rt & seito	
n ond co Poges 1		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SE VE WAR OR DATES)	GURITY NO. 17. INFORMANT G-SGLQ KCS M	I Cal Chai	ef	
physicio	NO		PART I. DEATH WAS CAUS	nly one cause per line for (0), (b), ED BY: TE CAUSE (0) Cardo		est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth cer ottending ove corbo fion, or re oumotic		Canditions, if any, which	DUE TO, OR AS A CONSEC	QUENCE OF AVruthmla	2.5	25min	
by the cose remons, cremons, other tra		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE			>24his	
equires to signed Then ple r to buring injury, or		NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	GIVEN IN PART Tra
The low reicion. te hos been sit permit. Trgiene prior shows ony in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	CH OPERATION WAS PERFORMED	_ IN CER	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO	
PHYSICIAN: The ending physicic this certificate be buriol-tronsit and Mental Hygis do or them 18 sho		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM II	8 PART I OR PART 2)	
PHYS rending this or he bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f. LOCATION	CITY OR TOWN	COUNTY STATE	
7 2 3 0 3		22a.1 certify that (1) (this hasp	nitol) ottended the deceased fro		deoth occurred on the date and h	, 19, that (I) (we) las	
0 0 0 0		22h. SIGNATURE	at) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11. DATE SIGNED	
HOSPITA ined by FUNERA wild be da h the Sta		22d. PHYSICIAN'S NAME (TYE	Shudu	22e. ADDRESS	Uspilal	C _ >	
BP	23a. E	SURIAL, CREMATION, REMOVA	7,700	R. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER Cem	CITY OR TOWN	COUNTY STATE	
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	JNERAL DIRECTOR	Inc Baltimore	25a. DA	TE REC'D. BY REGISTRAR 250. REGI	STRARS SIGNATURE	

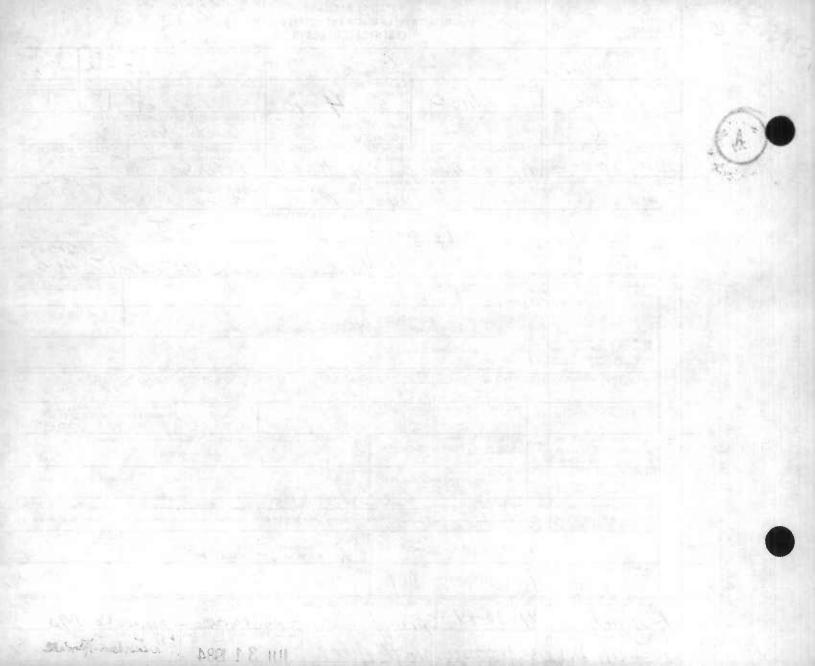
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Practice of the section

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which the second constants i^{-1} and $i^$

sales de la companya
6	3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10 CITY OR TOWN OF DEATH BALL MOTE USUAL RESIDENCE (# NURSING H 130. STATE 130. STATE 130. WAS DECEASED EVER IN U 195. NO OR UNKNOWN) (18 Y) 18 CAUSE OF DEATH IER PART 1 DEATH WAS C 100. Stofing to underlying cause to underlying cause to PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 190. DATE OF OPERATION 191. ACCIDENT WAS UNDERLY 191. ACCIDENT WAS UNDERLY 191. INJURY OCCURRED 210. INJURY OCCURRED	STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.							
th the	I. DE	CEASED NAME FIRST OR PRINT) NAME	MIDDLE	CURRE	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR CLE				
e 4 may b tor, page after deat	3. SE		1 RACE Black	S DATE OF BIRTH / YEAR	6. AGE IN YEARS LAST BRITHDAY) 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN				
1 335			76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	13014 1114	Y OF DEATH				
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in 24 ho in 24 ho ild be fill finer mu	USU. 13e S	AL RESIDENCE (# NURSING HOME OF ITATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13. STREET ADDRESS	Edale St.				
executed with completely is 1 and 2 should medical exam	14 FA		MIDDLE LAST DRU	15. MOTHER'S MAIDEN NA	MDDH OSTON	DRUMMONO				
be e			MED FORCES? 166 SOCIAL SE WAR OR DATES) 217 03	2358 MR. Roland	CURRY 3245 40S	emite Ave				
we requires that the death certificate een signed by the attending physiciar. Then please remove carbon papers. For to burial, cremation, or removal. any injury, or other traumatic event.	NO		DUE TO, OR AS A CONSEGUE OF TO, OR AS A CONSEGUE ON THE TO CONTRIBUTING TO	N HILLETHAMA	MINAL DISEASE OR CONDITION GI	IVEN IN PART 1(0)				
e la s be nit. pric	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\begin{array}{c} \text{NO} \\ \end{array}				
S PHYSICIAN: The fing physician. This certificate ha burial-transit perm d Mental Hygiene sed or Item 18 should be seed or Item 18 should be seen the seen the seed or Item 18 should be seen the seen the seed or Item 18 should be seen the seen the seed or Item 18 should be seen the seen the seed or Item 18 should be seen the seed or Item 18 should be seen the seen the seed or Item 18 should be seen the seen the seed or Item 18 should be seen the seen the seen the seed or Item 18 should be seen the seen		2) 0. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)				
DING ttenc Afte s the th an	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC] 21) LOCATION STREET	CITY OR TOWN	COUNTY STATE				
			tol) attended the deceased from		death occurred an the date and ho	our and fram the causes stated				
PITAL OR ATTEN by the hospital or an by the hospital or an ERAL DIRECTOR: e detached for use as State Dept. of Health ANT: If Item 21 is		226. SIGNATURE	mich	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/25/g				
TO HOSPITALOR ATTERETABLE BY THE hospital or TO FUNERAL DIRECTO should be detached for us with the State Dept. of H. IMPORTANT: If Item 21		THE PHYSICIAN PHANT ITTE	DAUS	M.0 220 ADDRESS	BAZT MAT	PICEC				
BP	K	UBIAL, CREMATION, REMOVAL	7-30-84 S	Dringhill Mem. GARO	len HEBRON WISOM					
DHMH-16 25M (VRA 15, 4) 1/79	24 FI	INERAL DIRECTOR Li Re	1552222Wil	Jorth Ave, 111	TE REC'D. BY REGISTRAR 251. REGIS	TRANS SIGNATURE				



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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST I. DECEASED NAME 26. HOUR (TYPE OR PRINT) 17,1984 JULY 11:10p CURTIS BENNIE IF UNDER TYEAR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE AONTHS DAYS MONTH HOUR5 NOV. 12 BLACK ,1899 BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE U. S. A. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AGNES HOSPITAL Painting Contractor BALTIMORE 130 STREET ADDRESS / ZIP CODE 2832 Edmondson USUAL RESIDENCE (# NURSING HOME OF OTHER INSTITUTION, 130. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Ave. Baltimore, Md. 21223 Baltimore Maryland YES 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Bettie Hawkins 17 INFORMANT 2136 RE31 St. S. ME. Wash. In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Joseph F. Curtis D. C. 20020 219-26-2629A No. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: NTRACEREBELLAR. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO | YES NO YES Z 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY TAT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE

obove, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE

23a. BURIAL CREMATION, REMOVAL

AT WORK

sow the deceased olive on_

Burial

220 | certify that (1) (this hospital) attended the deceased fram_

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN A

22r. DATE SIGNED

(SPECIFY)

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

22e ADDRESS

23d. LOCATION CITY OF TOWN Baltimore

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

STATE Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

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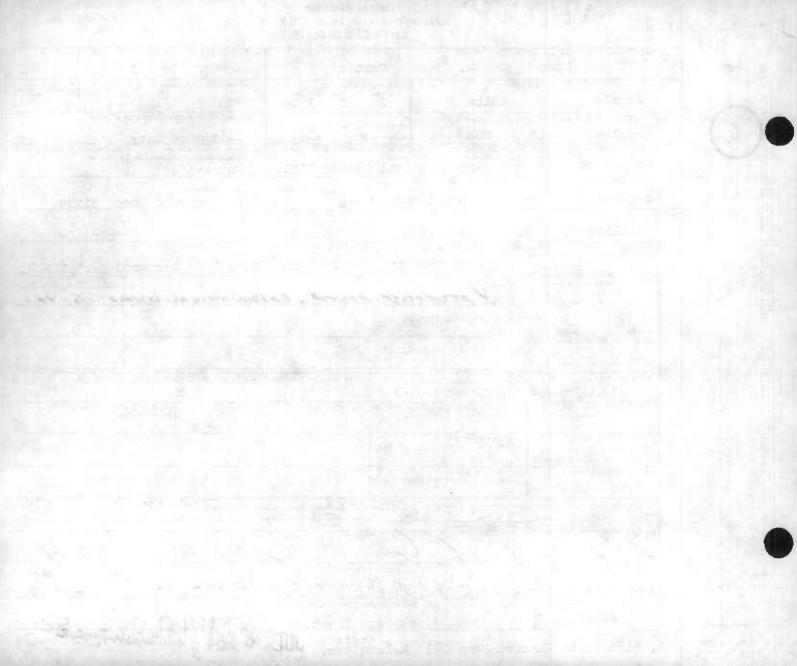
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24 NULTER DIRECTOSONS 2501 Gwynns Falls Parkway Home Inc. (Funeral Baltimore, Md. 21216

7/21/1984

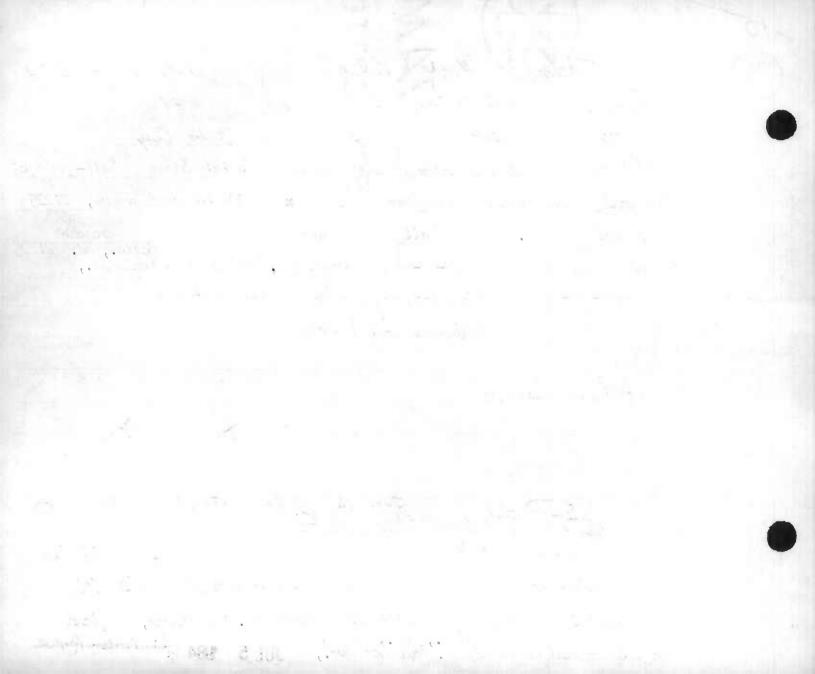
BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	rtie D. C. 20020	Joseph C. C	219-20-26294		.011



. 4	Y	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE & 4	1 8 3 2 2
1		REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		OR PRINT) HERM		custiner	1 1 1 1	2 1984 7: NAN
1 300	3. SE	MAVE	4. RACE CANCASIAN	S. DATE OF BIRTH MONTH BER TYPER 1904		MONTHS DAYS HOURS MIN.
nerol din	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COL	
y the further de within	10 C	BANTIMURE	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS! WARNAGE HUSSIAM	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK MERCHANT	
24 hours	13a S		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	PE ADMISSION) VN . 113d INSIDE CITY LIMITS?	III- STREET ADDRESS / 7IP	RETAIL. APT. C CODE EIGHTS AVE. 2121
ed within upletely fond 2 sho		ATHER'S NAME FIRST DAVID	MIDDLE LAST CUSHNER	15. MOTHER'S MAIDEN NA	AME	UNKNOWN
e execute n and con Pages 1 a	(VAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	IRS. ROSE CUSHN	NER APT. C
physiciote by physiciote on papers. emovol. event, the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), or	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the death ce ed by the offendin oleose remove corb riol, cremotion, or riol or other troumotic	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ience of		
on. hos been sign permit. Then permit. Then permit of but was an eprior to but was any injury.		19a. DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) \(\text{NO} \)
S PHYSICIAN: The internding physician. For this certificate has the burial-transit per and Mental Hygiene and active the second mental Hygiene and or Item-18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART T OR PART 2)
ottendin etter this es the bu h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.) 211 EOCATION STREET	CITY OR TOWN	COUNTY STATE
VITENDIN spitol or CTOR: At for use of Healt		saw the deceased alive or	ital) attended the deceased fram.	And that in () (our) apinion	death occurred on the date on	d hour and from the couses stated
SPITAL OR A 3 by the hos NERAL DIREC be detoched e Store Dept. TANT: If hem		22b. SIGNATURE	Cleolin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
Pould Pould		ESTREUTA	0. Ku, m.	1. VEVINTAVE HEA	REN GERLATRIC CO	WER - HOSPIAN 212
PP	H	BURIAL, CREMATION, REMOVAL	JULY 13,1984	NAME OF CEMETERY OR CREMATORY MOSES MONTEFIORE	23d. LOCATION CITY OF LOWN BALTIMORE	COUNTY STATE MARYI AND
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR SOLUTION NAME REISTERSTOWN	ADDRESS	4	TE REC'D, BY REGISTRAR 256. RI	

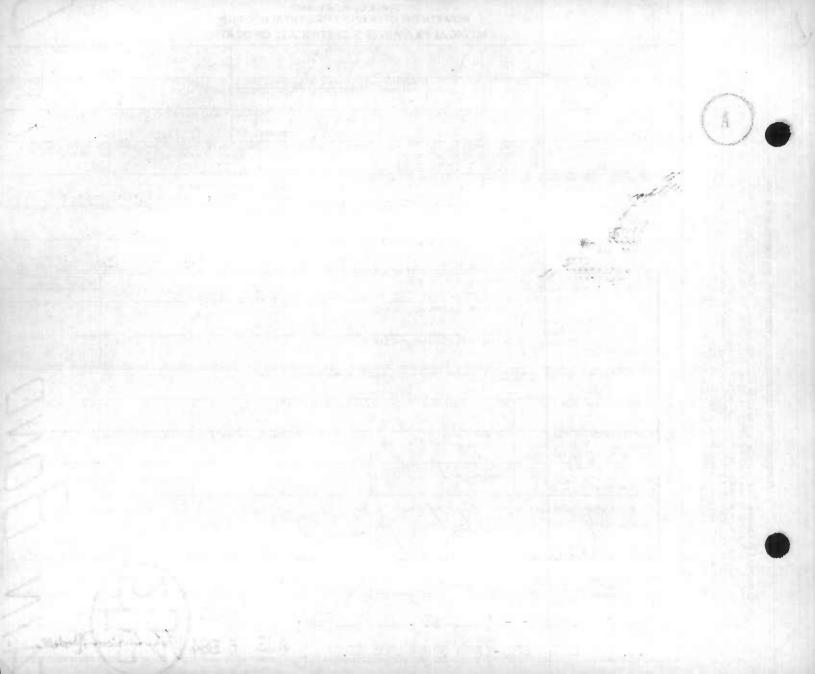
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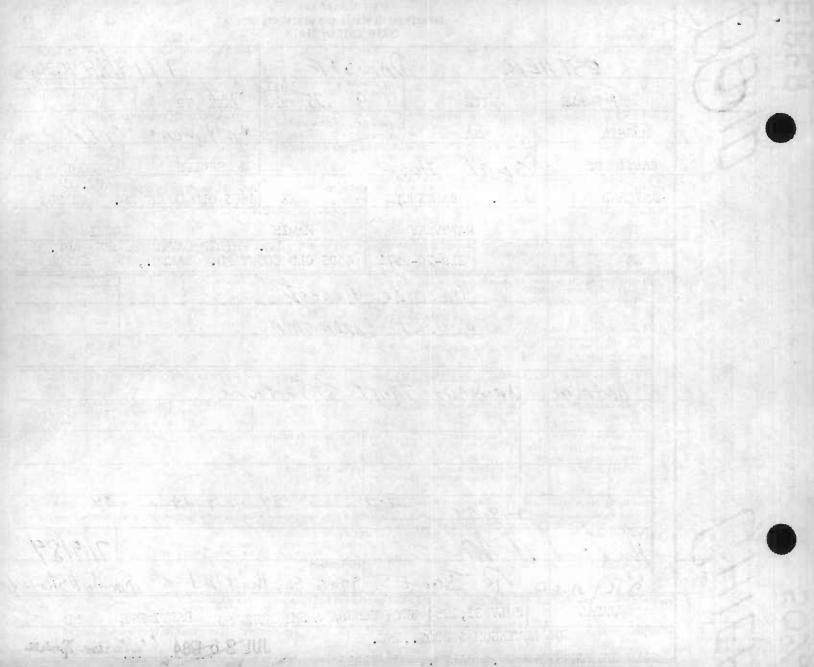


	OR TATE				AND MENTAL	Talk I	18	5 2 4
	EGISTRAR EASED NAME	FIRST	MEDICAL EXA	MINER'S C	LAST	OF DEATH	REG. NO.	DAY YEAR 26 H
(TYPE	OR PRINT)	Robert	J.	Су	kosky	OF ES DEATH MA	II	1984
3. SEX	lale Cauc	s. DATE OF BIR	6. AG	E (IN YEARS IF UN BIRTHDAY) MONTH		R 24 HRS. 2c. DATE MIN PRONOUNCED DEAD		DAY YEAR 24 1
EORE	THPLACE (STATE OR EIGH COUNTRY)		WHAT COUNTRY?		ED NEVER MAR	RIED 🔲	imore City	OF DEATH
10 CITY	YORTOWN OF DEATH	1 II. NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET AD VERSITY HO	HOME, OR OTH	ER INSTITUTION	120. USUAL OCCUPATE FOR MOST OF WORKING Commercial	ON (TYPE OF WORK 12)	OR INDUSTRY
USUAL 130. STA Ma	RESIDENCE (IF IN NURSI ATE 13 ryland	NG HOME OR OTHER INSTITUTION COUNTY		ADMISSION)	13d. INSIDE CITY LIMITS? YES XX NO		Court 3	71787
1	THER'S NAME Joseph	W •	Cykosk	y	15. MOTHER'S MAIL Stella	MIDDLE F.	P:	ileci
(YES	S, NO, OR UNKNOWN) (I	U.S. ARMED FORCES? EYES, GIVE WAR OR DATES) Let Nam Con:	flict 215-		I7. INFORMANT Loretta	M. Cykosky	O Clover	
	PART I DEATH WAS	(Enter only one cause per S CAUSED BY: WMEDIATE CAUSE (o)		ı).) le Injur	ies			APPROXIMATE INTER BETWEEN ONSET AND
7	Canditions, if any	DUE TO	, OR AS A CONSEOU	ENCE OF				
	gave rise to in couse (o) stating th lying couse last.		, OR AS A CONSEQU	ENCE OF				
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO O	EATH BUT NOT RELATED TO	HE TERMINAL DISEASI	OR CONDITION GIVEN IN I	PART 1 (03,		
IFICATI	190 DATE OF OPERATI	ON 196 CO	NDITION FOR WHICH	OPERATION W	AS PERFORMED?			28 AUTOPSY?
1 4	210 EXTERNAL CAUSE UNDERLYING XXOR CONTRIBUTING CA	HOUR	A.M. MONTH DAY	YEAR		red tenter nature of injury in uto/auto imp		
	214 INJURY OCCURRE	D 21e PLA HILE VIV	CE OF INJURY (AT H., FACTORY, FARM, ETC.)	OME, 21f. LO	CATION	sville,Carro	COUNT	
1		ook charge of the remain:			sy XX. Inspect	ian . Inquiry .	, and in my opini	*
	ACTUAL SIGNATURE	Motural causes (with M	1	TITLE (SPECIFY)	Undetermined manne		7-9-84
	EXAMINER'S NAME (TYPE OR PRINT)	Dennis F	. Smyth, M	D		111 Penn Str		
23a BUI	RIAL, CREMATION, REA Cremation		,1984 Carr	of CEMETERY O	ation Svc	. Hampstead	, Carroll	, Marylan
24 511	NERAL DIRECTOR		36 E. Balt			REC'D. BY REGISTRAR 2		

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	1 - S	TATE EGISTRAR	GISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
T.	TYPE	EASED NAME	FIRST		WIDDLE			LAST		20. DATE KN	STI- XX M	ONTH DAY YEA	R 2b.
			Leon	a	У.		Dani	els		DEATH M	ATED [7-30 198	4
3	. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE		1	UNDER 24 HR	2c. DATE PRONOUNCE		ONTH DAY YE	H
L		MALE	BLACK	7 8	1908	76 Y	RS.	DATS	MIN,	DEAD		7-30 198	4 p
I	70. BIR	THPLACE (51	ATE OR	76. CITIZEN OF W	HAT COUN	TRY?	8 MARRI	ED NEVE	R MARRIED	9. BALTIMOR	E CITY OR CO	OUNTY OF DEATH	
1	SO	UTH CA	ROLINA	us			WIDOW	ED XX	DIVORCED [Balti	imore (City,	
1	ID CIT	YORTOWN	OF DEATH	11. NAME OF HO			E, OR OTH	ER INSTITUTIO	ON 120. U	SUAL OCCUPAT	ION (TYPE OF W	WORK 12b. KIND OF OR INDU	BUSINE
Ł		altimo		2704 G	iles	Road			R	ETIRED	, ,		01111
	JSUAI 30, ST		IF IN NURSING HOME	OR OTHER INSTITUTION, C		OR TOWN	ION)	13d. INSIDE CITY	HMITS2 113e S	TREET ADDRESS			
		RYLAND				IMORE				2704 GIL	ES ROA	D 21225	
1		THER'S NAME		MIDDLE		LAST		15. MOTHER	S MAIDEN NA			LAST	
S. GIVE PAGES WITH FORM PI PAGES! AN DIVISION SP		GEORGE			YOUNG				ORA			RKMAN	
	60. W		EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURIT	Y NO.	17 INFORMA		,	ADDRESS		
		NO						ROSAL	EE HARR	IS 2531	ROUND) ROAD 21:	225
ľ		18. CAUSE O	F DEATH (Enter on	ly ane couse per lin	e for (a), (b)	, ond (c).)						APPROXIA BETWEEN O	ATE INTE
Q 5 9		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a)_Ar	terio	sclero	tic C	ardiov	ascular	Disease	2	52,112,170	1361 2110
REMOVAL						SEQUENCE							
			is, if ony, which										
1			e to immediate stating the under-		RASACON	SEQUENCE	OF						
ı		lying cause last.											
		PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	MINAL DISEASE	DR (DNDITIDN G	SIVEN IN PART 1 10				
4	CERTIFICATION	19a. DATE OF	OPERATION	TINE CONTR	TION FOR	ALLICH OBEE	ATIONI W	AS PERFORM	ED2			lan lauran	
4	FICA	170. DATE OF	OFERATION	IVE. COND	ITION FOR	WHICH OPEN	W MOITA	AS PERFORM	EU?			20 AUTOP	
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ļ	OIC.	CONTRIBUTION CONTRIBUTION	G CAUSE OF	DEATH P.A.		19	214 400	ATION					
1	MEDICAL	WHILE			TORY, FARM, E			TREET		CITY OR TOWN		COUNTY	
		AT WORK	AT WORK	_									
-	45	22a. I certif	y that I taak charg	ge of the remains de	scribed obj	, held an	Autaps	у 🔲,	Inspection .	Inquiry X	and in	my apinian	
1		deoth resulte	d from Noty	ral causes XX	Accident	S.	icide	Hamicid	e . Und	etermined manne			
			11-	1/01	X	4	125	TITLE (SPE	CIFY)				
		ACTUAL SIGNATURE	Meu	una &	Mu	101.	MU	Assis	+ant	EDICAL EXAMINE	FR . C	DATE 7-31	-84
					1	1							
		EXAMINER'S (TYPE OR PRIN	NAME Den	nis F. Sm	yth, Y	M.D.		ADDRESS	11 Penn	St., Ba	ilto.,	Md. 212	01
12	3a. BU	RIAL, CREMAT	ION, REMOVAL	3b. DATE	23c. N	IAME OF CE	METERY O	RCREMATOR	Y 23d.	LOCATION		COUNTY	STATE
		RIAL	3.	8-4-84	M	CA.	LVARY	CEMT.		BALTIMOR	₹E	MARYLAND	STATE
1	24 FU	NERAL DIREC	TOR	ADDRES					DATE REC'D.	BY REGISTRAR	SHOREGISTE	AR'S SIGNATURE	
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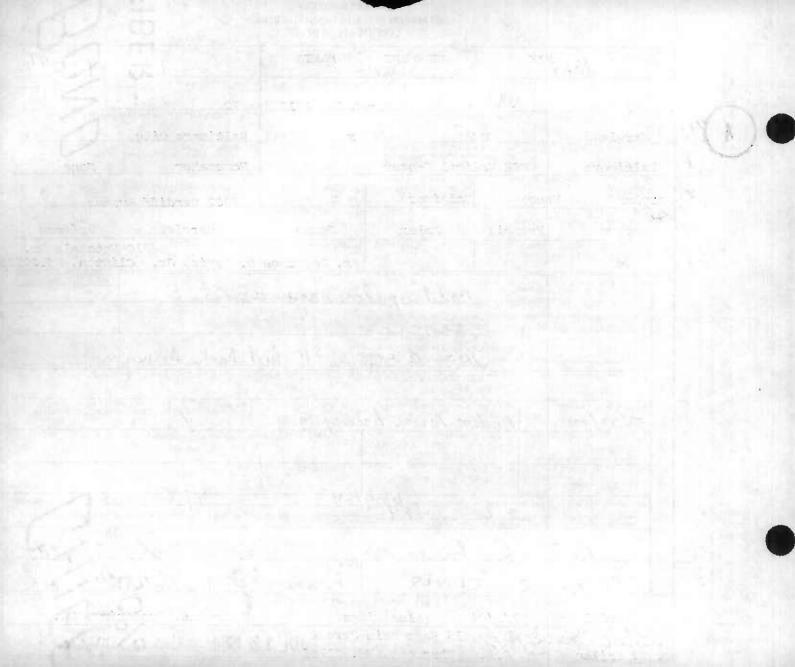




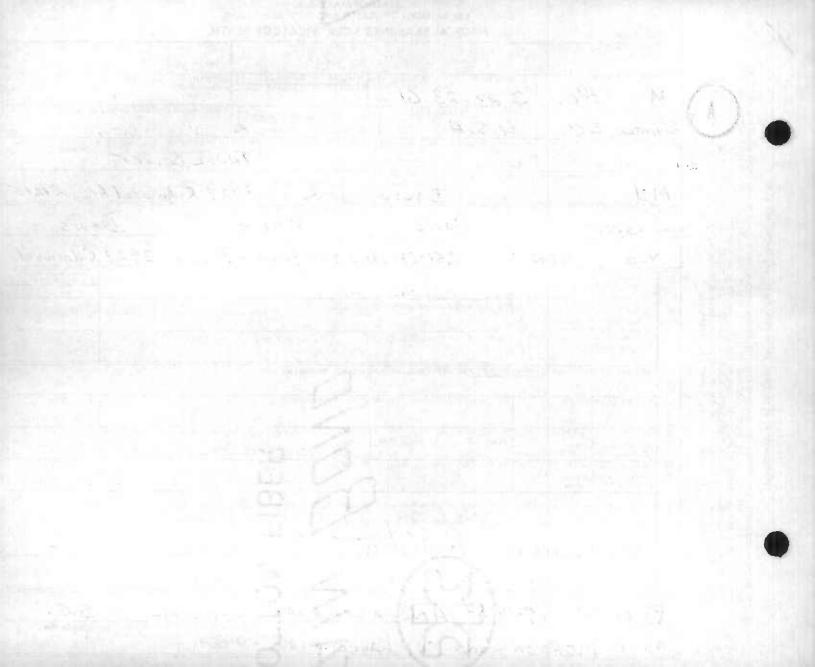
B	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND P CERTIFICATE OF D	MENTAL HYGIENE	REG. NO.	8 5	2. /
(T	PECEASED NAME FIRST VIOLA	MIDDLE	DARGAN		DATE OF DEATH MONTH O 7- GE (IN YEARS LAST BIRTHDAY)	5-84	HOUR SAM
director, page 13.5	Female	Black	5. DATE OF BIRTH	33	51 YRS.	MONTHS DAYS HO	OURS MIN.
72 79	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? USA		VORCED	altimore city or count		MD
by the	Balt-wine	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	Mod	TITUTION 12a	USUAL OCCUPATION PE OF WORK FOR MOST OF WORKING 1	12b. KIND OF BI INDUSTRY	USINESS OR
filled in	SUAL RESIDENCE (IF MURSING HOME OI a. STATE 13b. COUI		ore YES	NO 🗆	street address 5452 Jonqui.	l Ave. 2	21215
amplete	FATHER'S NAME FIRST	MIDDLE LASY	Ru	4	Mae	Stone	•
sn and S. Page	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!			an 5452 Jone		
physici n paper maval.	PART I. DEATH WAS CAUSE	nly one cause per line (pr (a), (b), or ED BY: TE CAUSE (a)	44	τ		BETWEEN ONS	E INTERVAL ET AND DEATH
Then please remove corbon to burial, cremation, or re injury, ar other traumatic e		(b) YOCA DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO	ence of			VEN IN PART 1:0	
permit.	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFO		IN CERT	S, WERE FINDINGS FYING CAUSES OF ES	
	0.0000000000000000000000000000000000000		AY YEAR 19		(ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
and and ked	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
for us of He 21 is	22a.1 certify that (1) (this hasp saw the deceased alive are	ital) attended the deceased from 19	July 15	_, 19, (our) opinion death	to July 5	ur and from the cou	
NERAL DIREC be detached e State Dept. TANT: If Item	The Signature	1 Haby 1		PHYSICIAN DI	EDICAL STAFF RECTOR PHYSICIAN	7/15	-/84
hould be with the Si	CRACO G	HABER, W	17 SIA	a Ho	spital		
23	Burial, Cremation Removal		NAME OF CEMETERY OR C	rest VA			STATE MD
	Wm. C. March	F/H 1101 E.	North Aye.	ATL T	C'D. BY REGISTRAR 256. REGIS	trar's signaturi	

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2	1	FOR STATE			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HY	GIENE 8 4	8 5	2 0
9		REGISTRAR CEASED NAME	FIRST		MIDDLE		FICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
oge 3		OR PRINT)	AYMAY		GERTR	Day	DAVIS	7	6 84	1247 PM
or 1 mg	3. SE)	Female	ľ	RACE	و	5. DATE		6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
(A)85		RTHPLACE (STATE OR I COUNTRY) Maryland	OREIGN 7		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN Baltimore Cit		MD
Von		TY OR TOWN OF DEA	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			ADDRESS)		120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING HOMEMAKET	126. KIND O	F BUSINESS OR
226	USU	Baltimore UAL RESIDENCE (# NURSING HO STATE 1136.		FSK Medical Center ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c. CITY OR TOWN			113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		1224
2 de 1		THER'S NAME	None		Baltimor	'e	YES X NO		Avenue	7 7
par de		George	Fr	ancis	Bake		Jenny	Harriet		ffman
rand c		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	16b SOCIAL SECU	JRITY NO.	Mr. Lawrence	ADDRESS 45.	10 Natah Clinton	ala Dr. , Md.207
care b hysical capers, avel, est, the		18. CAUSE OF DEAT PART 1. DEATH W	H (Enter only	y ane cause pe BY:	r line far (a), (b), ar	nd (c).)	2	1 4	BETWEEN	MATE INTERVAL DNSET AND DEATH
equires that the death of signed by the attendin Then please remarker carborral, cremarism or injury, or other traumatic	NOI	Canditions, if any, gave rise to im- cause (a), statir underlying cause PART 2 OTHER SIGI	mediate ng the last.	(b) DUE TO, C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	ENCE OF	OSIS 5/P A	bd. Apric Aren	USM GIVIN IN PART 1:0	3
NG PHYSICIAN: The low requir attending physicion. After this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to borked ar frem 48 shows any injury	CERTIFICATION	5/23/80	TION	Abd	om. Aret	1	newysm	YES NO NO IN CER	YES, WERE FINDIN TIFYING CAUSES YES [
IYSICIAN: The Iding physicion. Secrificate has burial-transit pe Memal Hygies. The Ag Shawes.		21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	In .	OF INJURY m. MONTH D m.	AY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)	
ING PHYS or attendin After this c os the bu lith and Me	MEDICAL	21d. INJURY OCCUR	HILE		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Pal DR: A DR: A Heol		22a. certify that (1) saw the deceas abave, (1) (we) (ed alive an_	7/6	19_	842	, 17	, to		that (I) (we) last causes stated
by the haspit LERAL DIRECTO Se detached for State Dept. of ANT: if them 21		22b. SIGNATURE	eter	C.	Innix	mì	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/4	SIGNED 1
TO HOSPITAL etained by the TO FUNERAL with the State with the State		PETE	R	c. =	ENNIS		Francis	Scott Kex Medi	ial Ce	NIER
BP		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	7/9/8		NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITYOR TOWN Thurmont, Fre	derick,	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	PK PK	E. Dailbu	Sol	PA	615 East		Street	TE REC'D. BY REGISTRAR 256. REG		URE **



	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									1	
	CEASED NAME	FIRST	MIDDLE LAST 2a. DATE KNOWN OF ESTI-						N XX MONTH DAY YEAR 2b.			
(14)	E OK PRINT)	Nathaniel	niel			Davis DEATH MAI			7-9	19 84		
. SE	M. B/	5. DATE OF	P BIRTH YEAR 28 2.3	6. AGE (IN YEARS LAST BIRTHDAY) 6/ YRS.	MONTHS DAYS	HOURS MI		200	7-9	19 84	9: 9:	
70. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	7b. CITIZEN	SA-	VIRY? 8.	MARRIED N	EVER MARRIED DIVORCED		imore (DEATH		
	ITY OR TOWN OF DEAT Baltimore	H 11. NAME	OF HOSPITAL, NU N SUCH FACILITY, GIVE S Versity I	STREET ADDRESS)		UTION 12	USUAL OCCUPA MOST OF WORKI	ATION (TYPE OF	WORK 12b, K	IND OF BUSER	SINES	
USU.	AL RESIDENCE (IF IN NURS		TUTION, GIVE RESIDENCE)		STREET ADDRES			2.21	121.	
14. F	ATHER'S NAME FIRST ASPEN	MIDDLE	DAV	LAST /	15. MOTH	HER'S MAIDENN	IAME	DOLE	DA	LAST"		
16a.	WAS DECEASED EVER IN	U.S. ARMED FORCE		CIAL SECURITY N			n Brow	ADDRESS N 29	721 K	idgen	J & 41	
7	PARTIDEATH WA	MMEDIATE CAUSE (c y, which mmediate	TO, OR AS A COM		njuries							
d	lying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO OFATH BUT NOT REL		AL DISEASE OR CONOITI	ON GIVEN IN PART 1	(a).					
FICATION	PART 2 OTHER SIGNIFICANT		:) 10 OF ATH BUT NOT REL.	ATEO TO THE TERMINA	1		(a).		20.	AUTOPSY?		
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	ION 19b. EWAS 21b. R AUSE OF DEATH 8: D 21e.		WHICH OPERAT H DAY YEAR 9 19 84 (ATHOME.	21c HOW INJUR Operato	ermed? RY OCCURRED I	enter NATURE OF INJURED TRUCK TO STREET	impact	ed by	tract	tor	



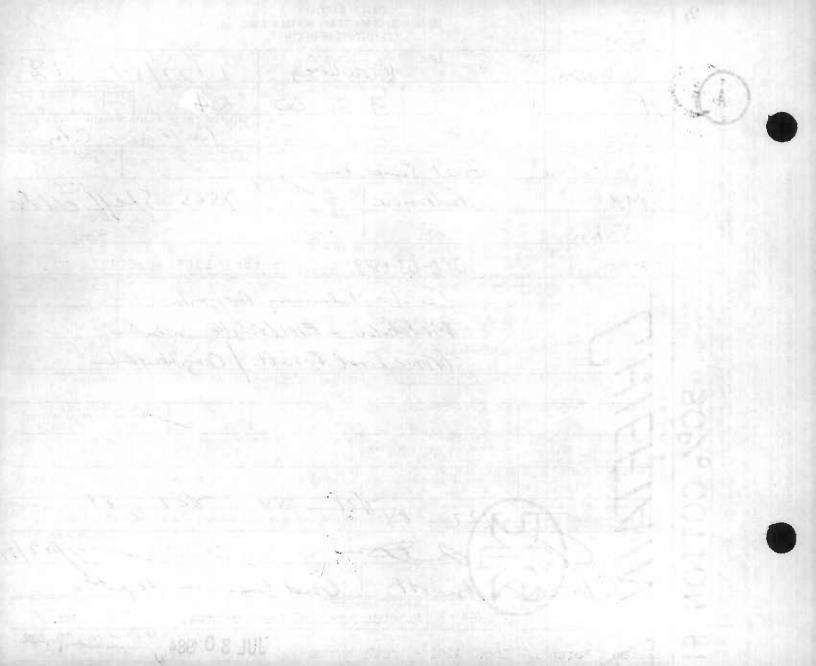
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William C March F/H Inc.

(VRA 15, 4)



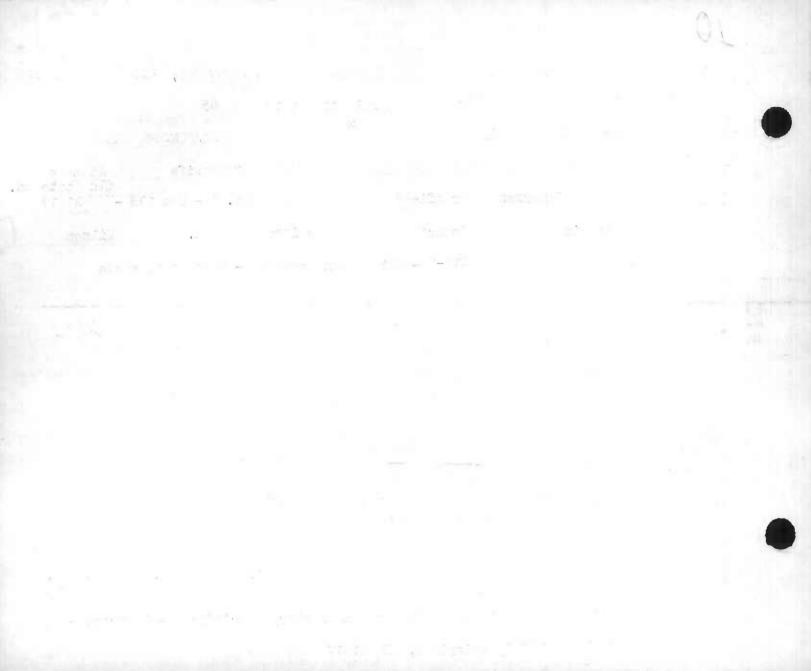
2	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO.									
		EASED NAME	FIRST	-	AIDDLE	L	AST		MONTH DAY	YEAR	26 HOUR P		
1	(AULIN	E F.		DEA	BANDO	JULY 28,	1984		11:39		
	3. SEX	Female		A RACE Whi		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.		# UNDER 24 HRS		
	C	THPLACE (STATE OR I	nd	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O BALTIM	ORE CI	TY	MD		
93	/ 1	Y OR TOWN OF DEA BALTIMOR	E	THE JO	HEACILITY, GIVE STREET HO.	PKINS	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		At home			
16	13a. S1	עמ	13L COUN	other institution, TY rset	GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS? YES NO	Rt. ADDRESS	zip cope x 178 -		State Rd. 21817		
90		HER'S NAME FIRST Lenni	.e	AIDDLE	Somers		15. MOTHER'S MAIDEN NAM	WIDDLE		Wilson			
2		AS DECEASED EVER		WAR OR DATES)			Alex Deaband	o - Same as					
or other troumotic event		IR. CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm	/AS CAUSED IMMEDIATE , which nediote	S BY. E CAUSE (o)	Candiac RASA CONSEQUE SUPSIS	ENCE OF	hythmia			BETWEEN C	MATE INTERVAL ONSET AND DEATH		
or other	NO.	couse (o), stating underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA	lost. NIFICANT CO	onditions co	lupus	DEATH BUT	NOT RELATED TO THE TERMI Thematosis N Was PERFORMED	INAL DISEASE OR CONI	20b. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	NGS USED		
rm 21 is monked or them 18 sh	MEDICAL	210. ACCIDENT WAS UNIT OR CONTRIBUTING 6 (IF EITHER. NOTIFY MEDIF 21d. INJURY OCCURI WHILE NOTIFY MEDIF 220.1 certify that (1) sow the decease oboye, (1) web (c) 220. SIGNAPTIRE	CAUSE OF DEAT CALEXAMINER) RED Ithis hospital	P.I. 21e PLACE (AT HOME STR	M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) Per deceased from 7 2					COUNTY			
APORTANT: H IN		Just 22d. PHYSICIAN'S NO GINA	AME (TYPE OR	allate Make	the		ATTENDING PHYSICIAN	MEDICAL STAF	IAN	7/2 TO.	MD. 21205		
3	230 BU	JRIAL, CREMATION, PECIFY) Burial	REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CRISTIAN						d - Somerset - MD			

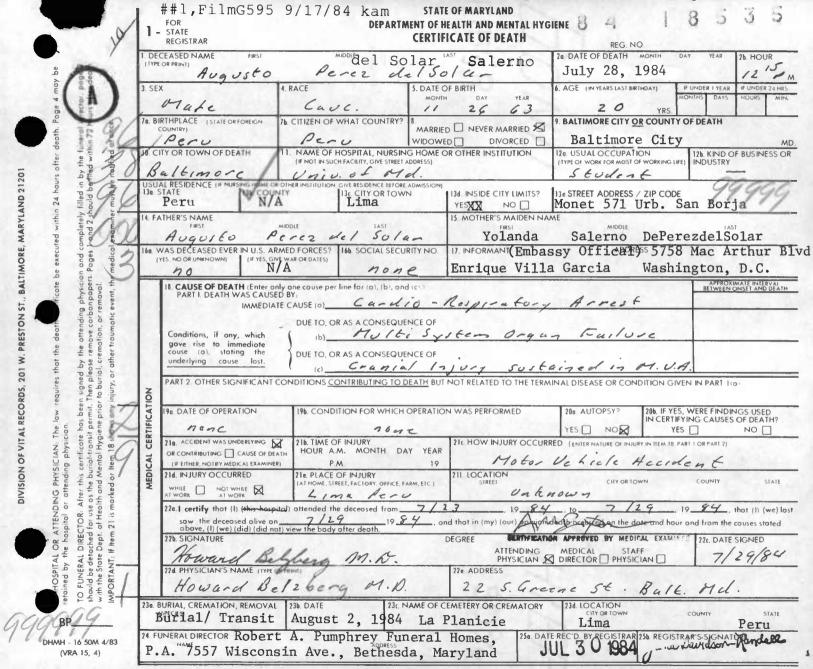
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR NAMBradshaw & Sons/ Crisfield, MD 21817

AUG

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
AUG 1 1084 Julia Davidson-Randelle





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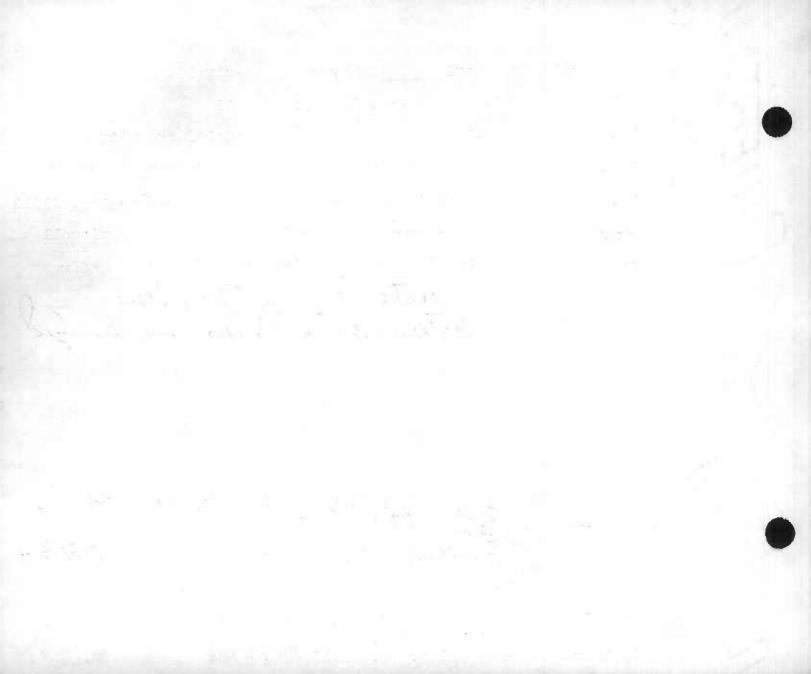
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

(VRA 15, 4)

REGISTRAR



	REGISTRAF ECEASED N. YPE OR PRINT)			MEDICAL EXAMIN				2a. DAT		MONTH	DAY	YEAR 26. HO	
MARY				DE				DEA1	H MATED	x 7	15 19	84	
3. S	Female	White	5. DATE OF BIRTH	YEAR		MONTHS DAYS	IF UNDER 2		UNCED	монтн 7	15 I	9 84 7:4	
	BIRTHPLACE OREIGN COUNT	(STATE OR	76. CITIZEN OF V	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED ☐ NEVER MARRIED ☒ 9. BALTIMORE CITY OR COUN									
		N OF DEATH	11. NAME OF HO		SING HOME, OF	OTHER INSTITU		120 USUAL OCC FOR MOST OF V	CUPATION (T	TYPE OF WORK	12b. KIND OR III	OF BUSINESS NDUSTRY	
LIST			E OR OTHER INSTITUTION.	GIVE RESIDENCE B	EFORE ADMISSION) OR TOWN	13d. INSIDE (13d. INSIDE CITY LIMITS? T3e. STREET ADDRESS			Ave.			
14.	James	ME	WIDDLE	Dempse		M	R'S MAIDEI	NAME	WIDDLE	Car	LAST Ter		
	WAS DECEA IYES, NO, OR UN	(SED EVER IN U.S. A KNOWN) [IF YES, GI	ARMED FORCES? VE WAR OR DATES)		05-1521	D. 17. INFOR	MANT	l Filipp	ADDRE	ss Balt 36 Abe	o., N		
	gove cause lying	tions, if any, whin rise to immedia (a) stating the <u>unde</u> cause last.	DUE TO, O	DR AS A CONS	EQUENCE OF	OISEASE OR CONDITIO		T t la					
O	PART I DEATH WAS CAUSE I IMMEDIA: IMMEDIA: Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CAUSE OF I INJURY OCCURRED WHILE AT WORK 210. I Certify that I tack charge depth resulted from: ACTUAL SIGNATURE EXAMINER'S NAME MAYOR 220. I certify that I tack charge depth resulted from: ACTUAL SIGNATURE 220. I certify that I tack charge depth resulted from: ACTUAL SIGNATURE EXAMINER'S NAME MAYOR 230. BURIAL CREMATION, REMOVAL 2 (SPECERY) DOMONA 2			OITION FOR W	HICH OPERATION	ON WAS PERFOR	MED?		W.			TOPSY?	
TIFICATION	ING DATE												
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR				CERTIF	o.	°-ឆ"				
I. DECEASED NAME	FIRST		MIDDLE	L	AS1		MONTH DAY	YEAR	2b. HOURA	
(TYPE OR PRINT)	ANITA	1	G.		DEMSKI	JULY 31	, 1984		3:10 M	
3. SEX	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BI		DER I YEAR	IF UNDER 24 HRS	
Female		Whi	te	10	11 49	34	YRS.	HS DAYS	HOURS MIN.	
76. BIRTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF	DEATH		
Maryland		U.S	.A.	WIDOWE		BALTIM	ORE CIT	ΓY	. MD.	
10. CITY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION 1		F BUSINESS OR	
BALTIMORI		THE J	OHNS HO	PKIN	S HOSPITAL	Contracti	ig Tech.	Govt		
USUAL RESIDENCE (IF NUR 130 STATE	SIN HOME OR O	THER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	-		
Maryland	Carr		Sykesvi		YES NO 🔣	7100 Carma		21784		
14 FATHER'S NAME		DDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS		
Walter	MI	0.	Wats	on	Joan	C.			ylor	
160 WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR	ESS		7.7-	
NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	215-52-3	713	George A. De	emski, Jr.	7100 Car	mae R	d. 21784	
		nly one couse per line for (a), (b), and (c)) DBY: CARDISE (a) Cardio pulmonary arrest						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PARTI. DEATH V	IMMEDIATE		cardiop	nimo	nay arrest				0	
		DUE TO, O	R AS A CONSEQUE	ENCE OF					1 hour	
Conditions, if any		(b)	carbon	diox	cide retenti	011			. ,,	
couse (a), stati underlying couse	ng the e lost	(c)	r as a conseque Dapillary	Hyr	old carcinou				5 mont	
	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN I	N PART Ito		
190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED	
Ĕ						YES NO	YES []	NO [
210. ACCIDENT WAS UN		21b. TIME C		. VE AD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM IS PART I	OR PART 2)		
OR CONTRIBUTING		,	M, MONTH DA	19						
(IF EITHER, NOTIFY MED 21d. INJURY OCCUR		21e PLACE	OF INJURY		21f LOCATION	CITY OR TO) wai	COUNTY	STATE	
WHILE NOT W	THILE DRK	(AT HOME STI	REET, FACTORY, OFFICE, F	ARM ETC)	SINCEI	CITOKI	, , , , ,		31812	
220 1 certify that (1)	his hospita	D attended th	e deceased from_	7/2	0/84 19		31 196	34	that (li) we) last	
saw the eceo-	sed plive on_	4/31 3	COS AM 19	. 01	nd that in (my (our) opinion	death occurred on the c	ate and hour one	d Irom the	couses stated	
226 SIGNATURE	did (did hot)	A A C	orier death.		DEGREE			22c. DATE	SIGNED	
Veti	rl. Y	Jelle			MD ATTENDING PHYSICIAN [MEDICAL STA		7/	31/89	
226. PHYSICIAN'S N		. Beli	tsos		601 N. Wol	OHNS HOPK	INS HO	SPIT	AL 1215	
230. BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		BINTY	CTATE	
Buria	1	8/4/8	4 Me	adowr	idge Mem. Pk.	Elkridge			laryland	
24. FUNERAL DIRECTOR			Table 7	212	250. DAT	G 1 1984	254 REGISTRAR	SSIGNAL	URE 2.00	
Hubbard Fune	eral Ho	me. In	C. \$107 W		s Ave. AU	G 1 1984	Fredia Davi	dsen-M	anacac	

DHMH - 16 50M 4/83 (VRA 15, 4)

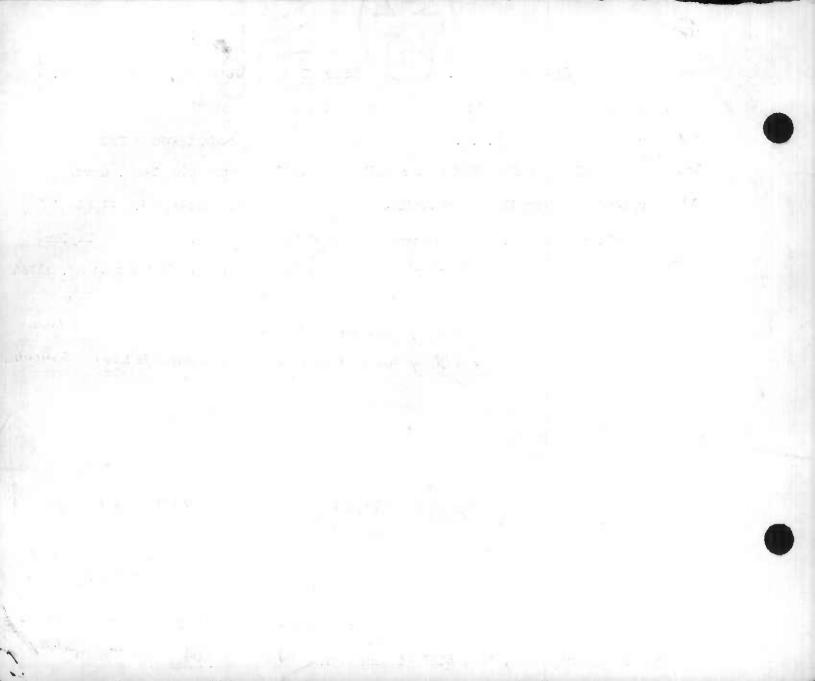
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-tronsit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremotian, ar remaval

njury, ar other troumotic event,

APORTANT: If hem 21 is

Hubbard Funeral Home, Inc. \$107 Wilkens Ave



20M 4/82

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1AST 2a. DATE OF DEATH MONTH I. DECEASED NAME FIRST MIDDLE YEAR 26. HOUR (TYPE OR PRINT) Tina Dewitt 07/26/84 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4 RACE 5 DATE OF BIRTH JE LINDER 24 HRS MONTH YEAR DAYS 1968 Caucasian Docombon BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED Baltimore City Maruland WIDOWED DIVORCED A CITY OF TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIEE) B^Altimore The Johns Hopkins Hospital Student SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 134. CITY OR TOWN 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE *laruland* Montaomeru Wheaton NO F 2800 Nowton Street 20902 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST DoWitt Ruhu 0*tto* James 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IVES NO OR LINKNOWN (IF YES, GIVE WAR OR DATES) 216-94-4312 James M. DeWitt Father Same as 13 APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ere wra CINOX IMMEDIATE CAUSE (a). Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? Fibrodysokasia Ossificans Progressiva NOF

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO | 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Non MONTH DAY YEAR A AA OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE WHILE 220.1 certify that (1) (this haspital) ottended the deceased fram 7/25 19 84 and that in (my) (aur) apinion deoth accurred an the date and haur and fram the causes stated W. 22h SIGNATURE DEGREE 22c DATE SIGNED ETT S ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS PY Johns Hopkins Hospita Kobin 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OF TOWN Burial July 30, 1984 Deer Park Cometery

14 FUNERAL DIRECTOR Francis J. Collins Deer Park Garrett wha Davidson (VRA 15, 4) 500 University Blvd. W. Silver Spring.

DHMH - 16 50M 4/83





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March Services Services Services	
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STATE OF MARYLAND

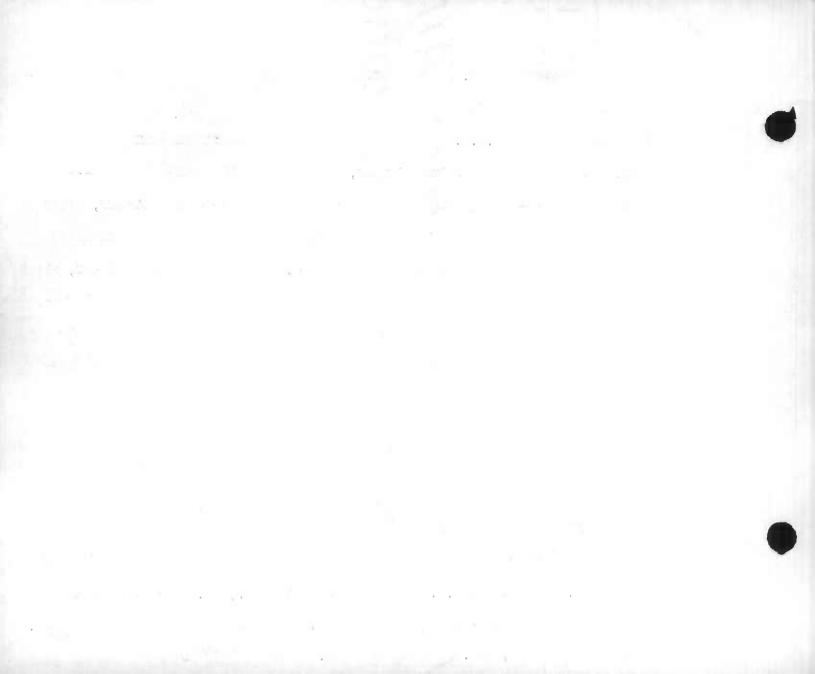
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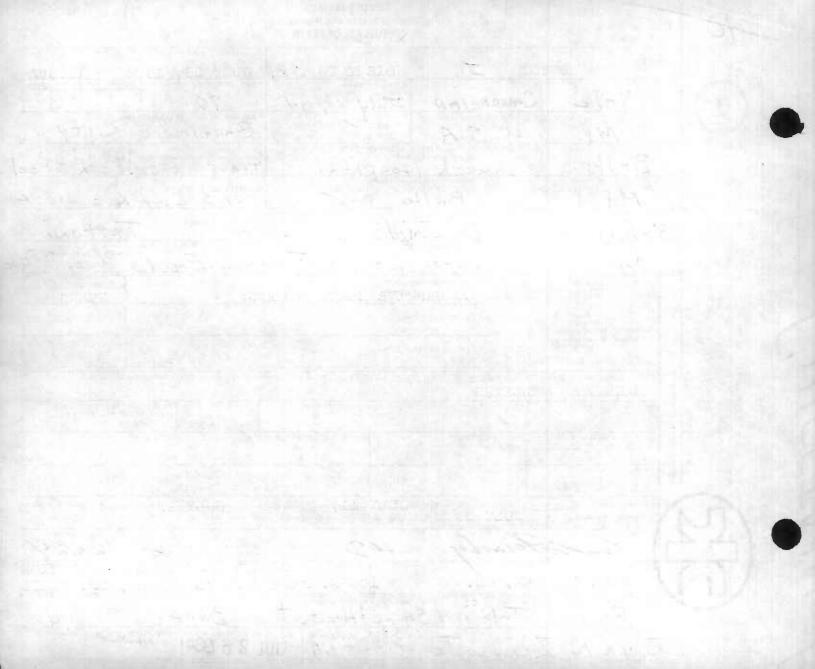
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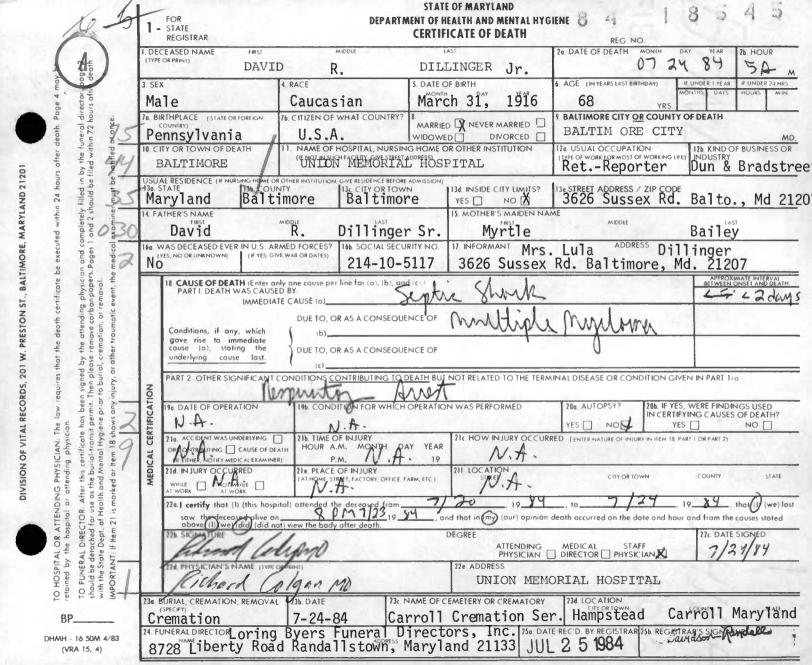
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ı	(TARE (OR PRINT)	KATHL	EEN	V.	DIC	CUS				07	30 84	. 3	DN PM	١
ı	3. SEX			RACE		5. DATE C			6. AGE	IN YEARS LAST BIR	THDAY)	MONTHS DAYS		DER 24 HRS	_
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à		RTHPLACE (STATE OF	R FOREIGN	b CITIZEN OF		TDV2 1			9. BALTIA	MORE CITY O		Y OF DEATH			_
4		OUNTRY) VIRGINIA		U.S	. A .	WIDOWE	D X NEVER M	ORCED	BA	LT IMORI	E CIT	Y		MD)
Ħ		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NU	JRSING HOME C		TUTION	128. USUAL OCCUPATION 12b. KIND OF BUS						_
/	/	BALTIMORE			O ASHT	ON STREE	ET. 2122	23	HOUSEWIFE						
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1	14 FA	THER'S NAME		NDDLE	LAST		15. MOTHER'S	MAIDEN NAM	ME	WIDDLE			AST		_
9		HOWARD	, and a	NIDULE	BRY			THEL		MIDDLE		THOM		N	
,		AS DECEASED EVE		MED FORCES?	16b SOCIAL	SECURITY NO.	17. INFORMAI	٧T		ADDRI	ESS				_
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ı		18 CAUSE OF DEA					•					APPRO BETWEET	XIMATE IN	ITERVAL IND DEATH	
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1		underlying cou	se lost	(10)	13	read	Conce	5				2	-yr	2	
	z	PART 2 OTHER SIC	GNIFICANT C	onditions <u>co</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISE	ASE OR CON	DITION GI	VEN IN PART	0		
	CERTIFICATION	19a DATE OF OPER	ATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					20n Al	JTOPSY?	78h IF YE	S, WERE FIND	INGS U	SED	_
1	FIC.	DATE OF OFER	411011	196 CONDITION FOR WHICH OPERATIO							IN CERTIFYING CAUSES			ATH?	
	ERT	71a. ACCIDENT WAS U	NDERLYING [21b TIME O	F INJURY		21c HOW IN.	IURY OCCURE				PART I OR PART 2)			-
/		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR			(61116						
	MEDICAL	(IF EITHER NOTIFY ME		P. 21e. PLACE		19	211 LOCATIO	N							_
	ME		WHILE [FFICE FARM ETC)	STREET			CITY OR TO	JWN	COUNTY		STATE	
		22a.l certify that (ol) ottended t/A	e deceosed fr	rom 6	119	19 8 V	to	7/3	0	19 84	, that (I	(we) lost	-
		sow the deced	sed alive on	view the Body	30	19 84 6	nd that in (my)	our) opinion	death occu	irred on the d	ote and ho	our and from th	e couses	stoted	
	. 1	22h SIGNATURE	1	THE THE COOP	2 -7		DEGREE					22c DA1	E SIGNE	D	-
1		are	· we	Certeil	0 11	N		TTENDING HYSICIAN	MEDIC:			7/3	3//8	24	
٦		22d. PHYSICIAN'S	NAME (TYPE OF	pains)			22e ADDRES	5					-	/	_
ı		WILLIAM	C. WAT	ERFIELD	M.D.		ONCO	LOGY_DE	EPT.	ST. A	GNES 1	HOSPITA	T.		
٦		URIAL, CREMATION		23b. DATE		23c. NAME OF C			23d LC	CATION		COUNTY		STATE	=
		BURIAL		08-02	-84	LAKE V	IEW MEM	. PARK	SY	KESVIL	LE C	ARROLL		MD.	
		INERAL DIRECTOR					21229	25a. DAT	E REC'D. B	Y REGISTRAR	25b. REGAS	TRALS SIGNA	andel	20	
	HU.	BBARD FUN	ERAL H	OME, IN	C. 410	7 WILKE	NS AVE.	AUG	, ,	1984			•	-	

DHMH - 16 50M 4/83 (VRA 15, 4)

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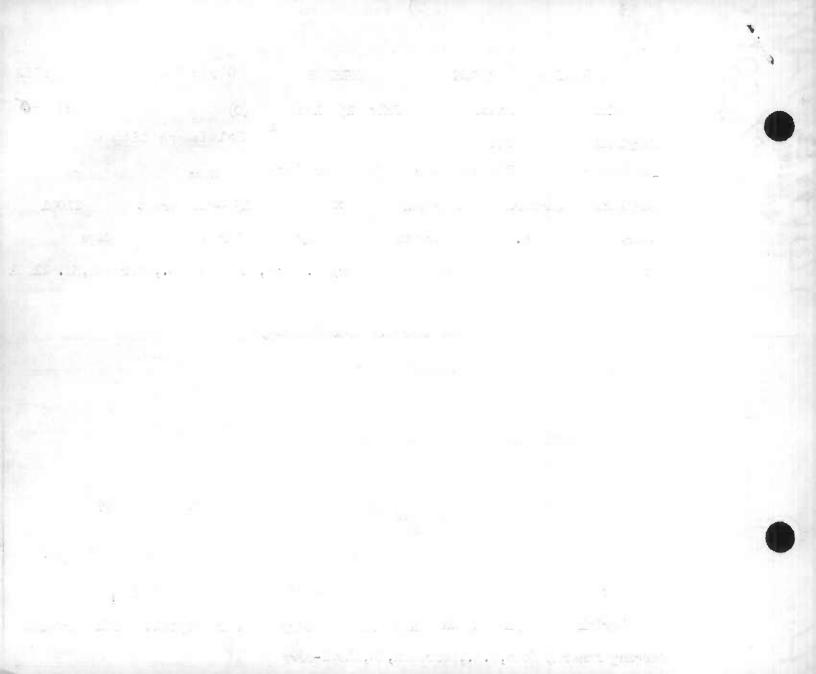
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) IF UNDER 1 YEAR IF LINDER 24 HRS A E OF BIRTH 11- 1926 AGE IN YEARS LAST BIRTHDAY 3 SEX BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY? 76 CITIZEN MARRIED NEVER MARRIED WIDOWED DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF JUSINESS OR MOST OF WORKING LIFE) INDUSTRY UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDEN 1136 COUNTY 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per landing (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PARL 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TA DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1:0 CERTIFICATION THE AUTOPSYT 70s. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS BE FORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [714 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY THE HOW INJURY OCCURRED I DITTE PARTURE OF PURIET PARTY OF PARTY OF PARTY. 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [] CALISE OF BEATH 19 LIFETHER, NOTEY MEDICAL EXAMINER. P.M. 711 LOCATION TIV. PLACE OF INJURY 71d INJURY OCCURRED 5 COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ARTINITA 37a I certify that (I) (thus and that in (my) (a) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDINE MEDICAL MPORTANT. H should be deto with the State [230 BURIAL, CREMATION, RIMOVAL 23b. DATE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 Fichia Davidson Pondale (VRA 15, 4)

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71 84 Maude Della Dixon John L. Darton Meshor All 3 the Shapener May

		1.	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 4	§ 3	5 4 8
1	-		CEASED NAME FIRS		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
, p	6.		JEREMY	RO	BERT		DOREMUS	07/25/8		11:55&
Ē (1. St	x	4. RACE		5. DATE (6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE MONTHS DA	YS HOURS MIN
. 8			Male	Whit		July		(0)	YRS.	11 40
2	32 32		IRTHPLACE (STATE OR FOREIGH COUNTRY)	76. CITIZEN OF	WHAT COUNTR	MARRIE	D NEVER MARRIED		R COUNTY OF DEATH	
WE D			Maryland	USA		WIDOWE	D DIVORCED	Baltimo		MD.
1	13	2	ltimore	IF NOT IN SU	ICH FACILITY, GIVE STR	REET ADDRESS)	ns Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		D OF BUSINESS OR RY
60 PG	1 4	₩ŠU	AL RESIDENCE (IF NURSING HO		N, GIVE RESIDENCE BEI	ORE ADMISSION)	*	A	/ ZID CODE	
w w.	1120		100	arford	Aberde		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS /		21001
-10	12 100		ATHER'S NAME			-	15. MOTHER'S MAIDEN NA	AME	51 00.0	12-12-1
9	17 /1/	1	George	R	Dore	mus	Marv	Ellen	Cag	LAST
200			WAS DECEASED EVER IN U.S	S. ARMED FORCES?			17 INFORMANT	ADDRE		
	P004	- 45	YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	None		Mary E. Cage	. 15 Swan St	t. Aberdeen	.Md. 2100
	200		It. CAUSE OF DEATH (Ent	er anly one cause pe		and (c).)				ROXIMATE INTERVAL EEN ONSET AND DEATH
affic	4000		PART I. DEATH WAS CA	AUSED BY. DIATE CAUSE (a)			SCULAR			
95 1	or in	ı			OR AS A CONSEC		. Va.			
9	Ton of the	1	Canditians, if any, which	h ((b)	/	wary	insufficient	1		
ne i	e mo	1	gave rise to immediate cause (a), stating the	e DUETO. C	OR AS A CONSEC	DUENCE OF .				
-21	2 0 0 0 E		underlying cause las	t. (c)_		acturit	4			
95	Part of the control o	١,	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
×6	122	CERTIFICATION								
a a	0 0 0 1	Ş	19a. DATE OF OPERATION	196. CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
The		1 5		6	OF INTUINI			YES NO	YES 🗌	NO 🗌
X 4	単一	1.77	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY N.M. MONTH	DAY YEAR	ZIL HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART	2)
¥ 9	10 m	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA	MINER)	P.M.	19				
12	102 0	1 2	21d INJURY OCCURRED	LAT HOME S	OF INJURY TREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
δ.g.	1 to		WORK AT WORK					-1:	- 0.1	
Z =	K 5 4 5		22a I certify that (I) (this saw the deceased aliv		he deceased frai	0.6	19 64	, 10	19 64	_, that (I) (we) last
	2 4 4 5		obave, (I) (we) (did) (d	id not) view the bod	y after death.	- 1	nd that in (my) (aur) apiniar	death accurred an the do		
5 ° 5	Digital Digital of the Control of th		ZZB. SIGNATURY	1 11-1	770		*	MEDICAL STAF		ATE SIGNED
Z 2	30 2-+	4	22d. PHYSICIAN'S NAME (MUL	111-		ATTENDING PHYSICIAN 1220 ADDRESS	DIRECTOR PHYSIC	IAN	165/04
0.9	FUNERAL Wild be de the Store ORTANT.		220. PHISICIAN SNAME (TYPE OR PRINT	TT IIN			4		
0 0	2 # # # 	_	+prry (. DIETE	II MD		1510 W. jut Royal		NO 21217	
***			BURIAL, CREMATION, REMO (SPEC#Y)			RE NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP_		21.5	Burial	31 Ju	ly 84	Hopewe	11 Cemetery	Port Depo		Maryland
	6 50M 4/83		UNERAL DIRECTOR		ADDRES		MUID	TE REGIDARY DE SISTEMA	No RECISTRAR'S SIGN	ATURE
(VRA	15, 4)	I T	arring Funera	Home P.	A. Aberd	ieen.MD	.21001-3399	U		- Name of



page 3

STATE OF MARYLAND

LAST

5. DATE OF BIRTH

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DORSEY

July 27,1898

MARRIED NEVER MARRIED

REG. NO

July 9, 1984

MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

26 HOUR

IF UNDER 24 HRS.

IF UNDER 1 YEAR

2a. DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

85

VE	DIVORCED [Baltimore (city,		MD.
0	R OTHER INSTITUTION	12a USUAL OCCUPATIO			F BUSINESS OR
		Ret Aid-	Church	Home	Hospita
7)	134 INSIDE CITY LIMITS? YES NO	13eSTREET ADDRESS / 3703 Erdma	ZIP CODE	21213	-
	15. MOTHER'S MAIDEN NAM FIRST Harriett	MIDDLE	Un	known	ī
	17. INFORMANT Mrs. Mildred	ADDRES		e as #	‡ 13e
A				APPROXI BETWEEN O	MATE INTERVAL DISET AND DEATH
1	in Disense			TEA	15
JΤΙ	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART TO	2
101	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V IN CERTIFYIN YES		
R	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
	21f. LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
on	d that in (M) (our) opinion of	, to, depth occurred on the do			tho@ (we) last couses stated
a	ATTENDING OF	MEDICAL STAFF		22c. DATE	SIGNED
,,,	270 ADDRESS 3703 Belair	Rd.	AN []		0.7
CI	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	· ·	COUNTY	STATE
re	250. DAT	1 O 1984		R'S SIGNAT	

CERTIFICATE OF DEATH

should be deta with the State [MPORTANT BP DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

George E. Lowe, M.D.

22a.1 certify that (1) (this hospital) attended the deceased from

Baltimore, Mo

Maryland U.S.A. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3703 Erdman Ave. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE
113b. COUNTY
11a. CITY OF TOWN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate cause (o), stating the

underlying couse

19a DATE OF OPERATION

71a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDIC ALEXAMINER) 21d INJURY OCCURRED

NOT WHILE

sow the deceased alive on bove, (b) (we) (did) (did no) view

22d PHYSICIAM'S NAME HYPE OR PRINTS

LAURA

4. RACE

WIDDLE

IMMEDIATE CAUSE (o)

White

FOR

REGISTRAR

I. DECEASED NAME

Female 7a BIRTHPLACE (STATE OR FOREIGN

Maryland 4. FATHER'S NAME

Peter

No

CERTIFICATION

MEDICAL

m 18

If Item 21 is marked

- STATE

(TYPE OR PRINT)

3. SEX

Baltimore

V.

76. CITIZEN OF WHAT COUNTRY?

LAST Cooper 16b. SOCIAL SECURITY NO.

DUE TO, OR AS A CONSEQUENCE OF

216. TIME OF INJURY

21e PLACE OF INJURY

214-24-6879

Mrs 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL

19h CONDITION FOR WHICH OPERATION WAS P

21c. HO HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

22e AD 370

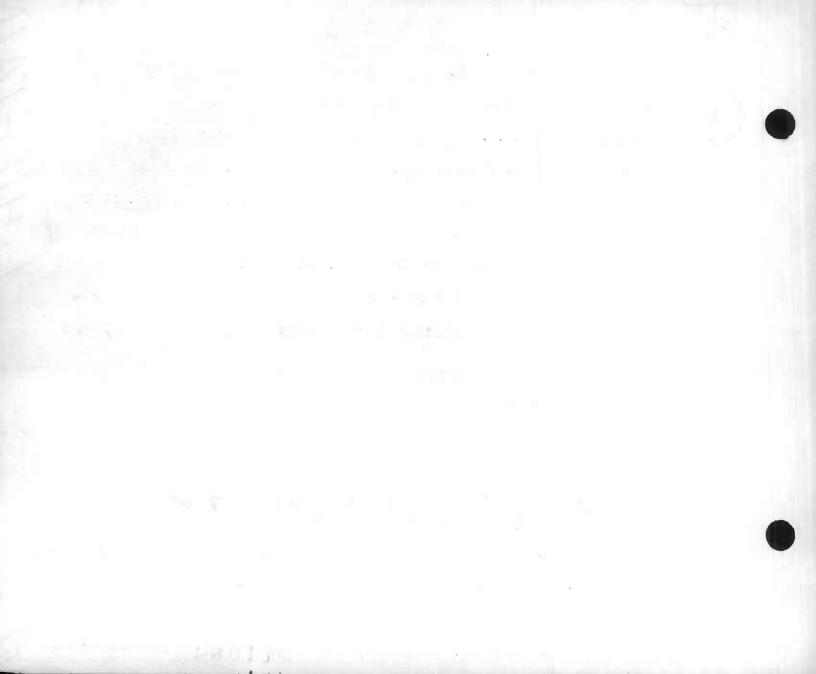
23c. NAME OF CEMETERY

236. DATE

(SPECIFY)

226. SIGNATURE

Leonard J. Ruck, Inc.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Mabel	Е.	Dorsey (Childs	July 12. 1	984 M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS.
Female	Black	3 21 00	84 YRS	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	245 8	9 BALTIMORE CITY OR COUN	
Marvland	U.S.A.	MARRIED NEVER MARRIED WIDOWEDER DIVORCED	BALTIMORE	CTTY. MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
BALTIMORE	549 LAURENS	S STREET	TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OF 136 COL			13e STREET ADDRESS	
Maryland	Balt	imore YESX NO [549 Laurens	St. 21217
14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
Harry	Armst		WIDDLE	LASI
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SE		ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, G	215_0	9-5045D Lewis Do	rsev 549 Laur	ens Street
	only one couse per line for (o), (b),		LDCY 312 Daur	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY:	io-Pulm. Fo	Whimp.	Court de sita
IMMEDIA	ATE CAUSE (o)			- The same
Conditions, if any, which	DUE TO, OR AS A CONSEC	A C C .		
gove rise to immediate couse (a), stating the	(b)	1		
underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (SIVEN IN PART 1(a)
	1 - 4	cu Lite Couty		of Enciciation
No Recurrent 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF)	ES, WERE FINDINGS USED
DE L				TIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	
	CAIN	DAY YEAR		
OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC) STREET	CITY OR TOWN	COUNTY
22a I certify that (I) (this has	pital) attended the decepsed from	m	.10 1/6/8	19, that (I) (we) last
sow the deceased alive a	n19	, and that in (my) (our) opinion	death accurred on the date and h	our and from the couses stated
22b. SIGNATURE	SIT NEW TILE BODY OTHER GEOTI	DEGREE		22c. DATE SIGNED
(<	~ ?.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/12/84
224. PHYSICIAN'S NAME TYPE	OR PRINT)	22e ADDRESS	1	1/1/
S.S. D.	ANG.	40 Degr	YDALK AVE	2.155
230. BURIAL, CREMATION, REMOVA	L 23b. DATE 23	BE NAME OF CEMETERY OR CREMATORY	23d. LOCATION	- 1221
BURIAL		alto.National Ce	m Baltimore,	Ma.

DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If Hem 2

24 FUNERAL DIRECTOR

Wm C March F/H Inc.

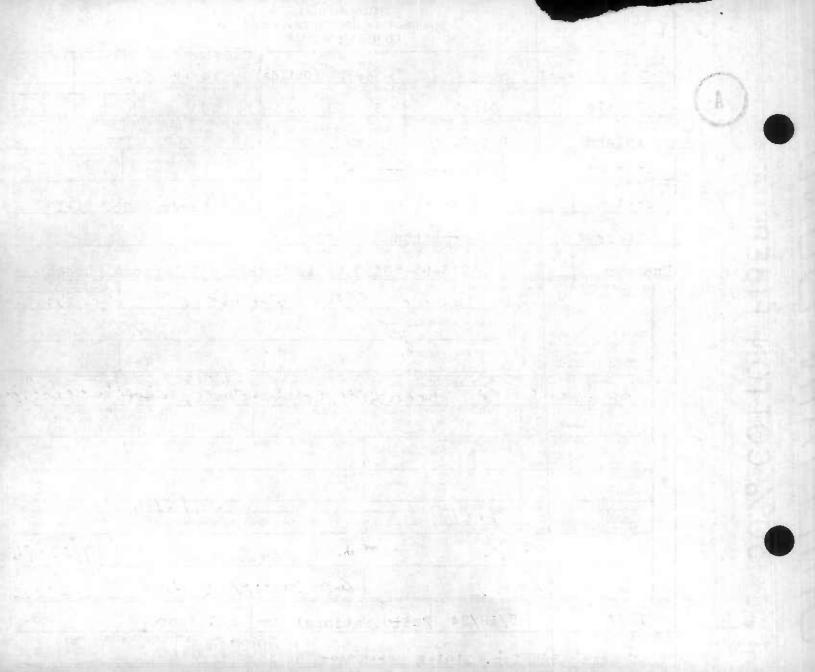
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North Ave

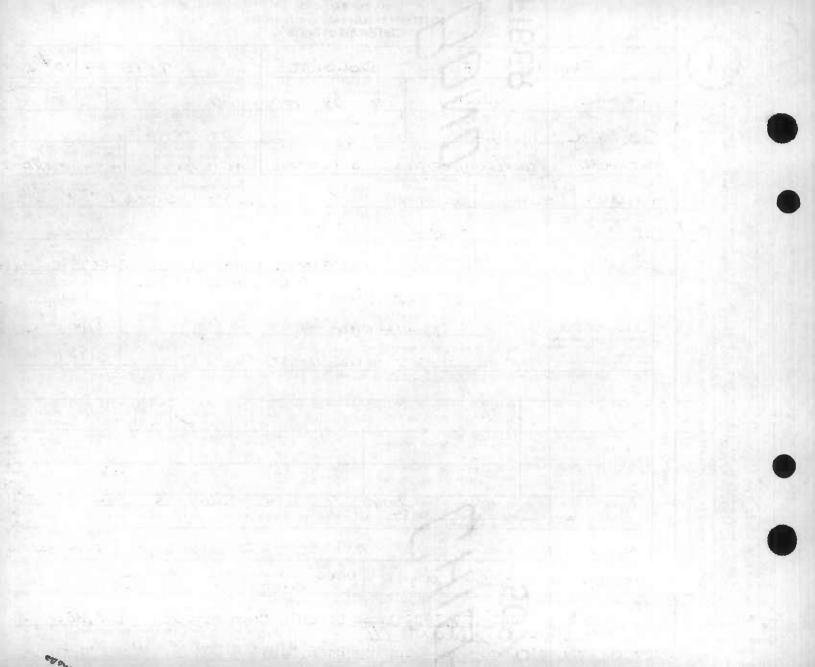
Baltimore,

BY REGISTRAR 256, REGISTRAR'S SIGNATURE



MERCY VE DOCEST JUNE 25 THE YOUR Footle Black Till a 21 Garden KSA KSA Comments of Mary and Mary Comments of the House of the State of the St x - p-2 - p-2 | s - all | Encett - The fight that the same of the control of

Anatony Board Balton, Mt.



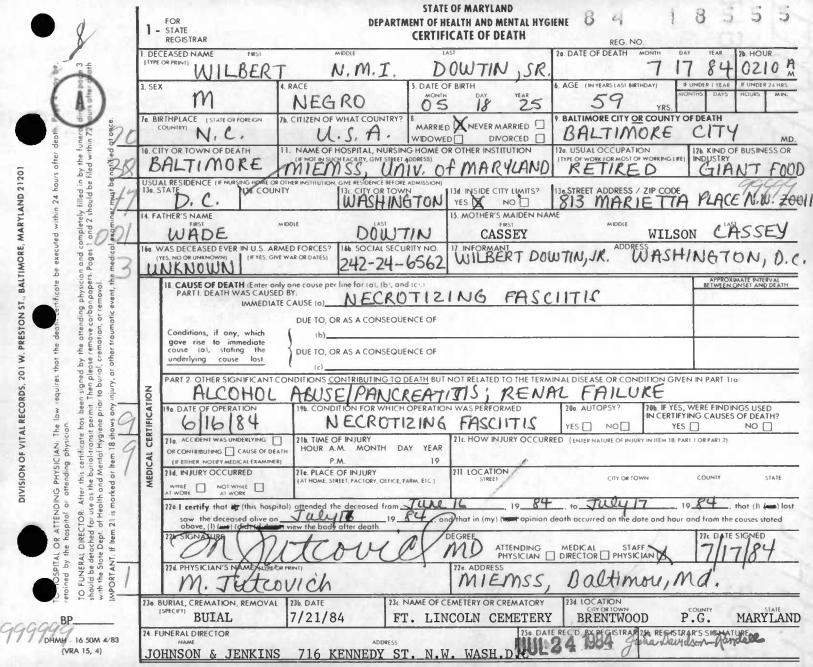
MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumatic event, the

2	1-	FOR - STATE REGISTRAR	DEP	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	YGIENE REG. NO.	1855	64
(CEASED NAME FIRST	WIDDLE	Day	IAST FELAS		NTH DAY YEAR (26/HO)	25
	1. SE		4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER I YEAR IF UNDER	R 24 HRS
	7a. BI	male IRTHPLACE (STATE OR FOREIGN	black The CITIZEN OF WHAT COUNT	PY? 8	24 01	83	YRS.	
70		Carolina	U.S.A.	MARRIE	ED NEVER MARRIED	BALTIMO	4 /4	MD.
F	15	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S BON SECOURS	RSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		
35	130 S M	AL RESIDENCE (IF NURSING HOME O STATE 136 COU aryland	ROTHER INSTITUTION GIVE RESIDENCE B NTY 136. CITY OR 1 Balti	OWN	13d. INSIDE CITY LIMITS?		21223 xington Stre	et
20	14. FA	ATHER'S NAME FIRST	MIDDLE		15 MOTHER'S MAIDEN N	MIDDLE	LAST	
/	16a V	VAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES)	SECURITY NO.	17 INFORMANT 7 Douglas R	ADDRESS	001 Argon Av	
	NC	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	. >	+ Wer	ION GIVEN IN PART Tra	
9	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	DN WAS PERFORMED	20g AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USE N CERTIFYING CAUSES OF DEA YES \ NO \	TH?
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE. 21d. INJURY OCCURRED		DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN		
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFF	ICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		saw the deceased alive an abave, (t) (we) (did) (did no	nital) attended the deceosed from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44	nd that in (my) (aur) apinia	n death accurred an the date	and haur and fram the causes st	we) last ated
		22b. SIGNATURE PM		wn	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED	4
-		UMCEUDS	F MUSUER	مات الإ	22e. ADDRESS W.	Balto St B.	eto, mel 2122	2
	23e. 8	BURIAL BURIAL	23b. DATE 8/4/84	Arbutu	EMETERY OR CREMATORY S Memorial	Pk Arbutus	, Md.	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR C March F/H Inc BY REGISTRAN 256 REGISTRAN'S SIGNATURE AND PRINTERS OF THE PRI

select a Debt virtuille province man seller AUDI Q 1984 J. S. C. Landjules.



WILLER WALT DOWNN SK 7 17 SH CZIET M NEGRO OS IS 25 59 BALTIMOKE CITY -A 2.33 . 5.44 BRETIMORE MIEMSS, UNIV. OF MARYONE RETIRED CHANTEND WASHINGTON X : 813 MAKIETTA MACAWI 2001 D. C. CASSEY 4 MADE 242-24-6562 WILBERT DOWNING WASHINGTON, D.C. MUOSEILAU MINIMA OWNSTIONALA ALCOHOL ABUSE/PRINCIPATITY REMAL FISHLUKE CHART MEDROTIZING FISCITIC The Total on This ex

IN TECKENICK BUEINSS, BOCKINGO, M.G.

17.7

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7	noy be	B second a decided a	
	meath, Page 4 may be	filled in by the funeral director, page ould be filled with n. 72 hours after deat	26
AND 21201	n 24 hours other	filled in by the hould be filled wit	44

STATE OF MARYLAND FOR - STATE REGISTRAR

STATE OF MARTEAND									
EPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE				
CI	RT	FICATI	OF	DEATH					

27.

13d. INSIDE CITY LIMITS?

NO [15 MOTHER'S MAIDEN NAME

MARRIED NEVER MARRIE

YES TO

Drega

5. DATE OF BIRTH MONTH

April

EATH	REG. NO.		
Drega	26. DATE OF DEATH MONTH	10/84	26 HOUR 9:35 PA
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1905	79 YRS	MONTHS DAYS	HOURS MIN.
ARRIED K	9 BALTIMORE CITY OR COUNT	Y OF DEATH	

Maryland	U.S.A.	WIDOWED	DIVORCED
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER	INSTITUTION

White

76 CITIZEN OF WHAT COUNTRY?

4. RACE

NOITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bricklayer 13e.STREET ADDRESS / ZIP CODE

13b. COUNTY Baltimore Maryland 14. FATHER'S NAME MIDDLE

Drega

13c. CITY OR TOWN

Anna ADDRESS 17 INFORMANT

BALTIMORE

MIDDLE

Marshall

12b. KIND OF BUSINESS OR

16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION.

Steinle

1. DECEASED NAME

Male

TO BIRTHPLACE (STATE OR FOREIGN

BALTIMORE

Anthony

(TYPE OR PRINT)

3 SEX

10. C

13g. STATE

166 SOCIAL SECURITY NO 212-18-3385

Sonia Barnes

5108 Walther Blvd. 21214

5108 Walther Blvd. 21214

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) LONG. HEAT+ DUE TO, OR AS A CONSEQUENCE OF Mitral regardin Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
	IN CERTIFYING CAUS	ES OF DEATH
YES NO V	YES	NO 🗌

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)

21h TIME OF INTURY HOUR A.M. MONTH DAY YEAR P.M

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE

22a 1 certify that * (this hospital) attended the deceased from

211 LOCATION

CITY OR TOWN COUNTY STATE

above, (1) (was (did) (did not) view the body after death 22b. SIGNATUR

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN K

and that in (my) tour opinion death accurred on the date and hour and from the causes stated

Burial

sow the deceased alive on.

22e. ADDRESS

UNION MEMORIAL HOSPITAL

ATTENDING

PHYSICIAN

F.M. Gloth TO 230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Jul 14 1984 St. Stanislaus Cem. 23d. LOCATION Baltimore

Maryland

24 FUNERAL DIRECTOR

(SPECIFY)

CERTIFICATION

ă

the buriol-tru

should be deta

80

ò

marked

IMPORTANT:

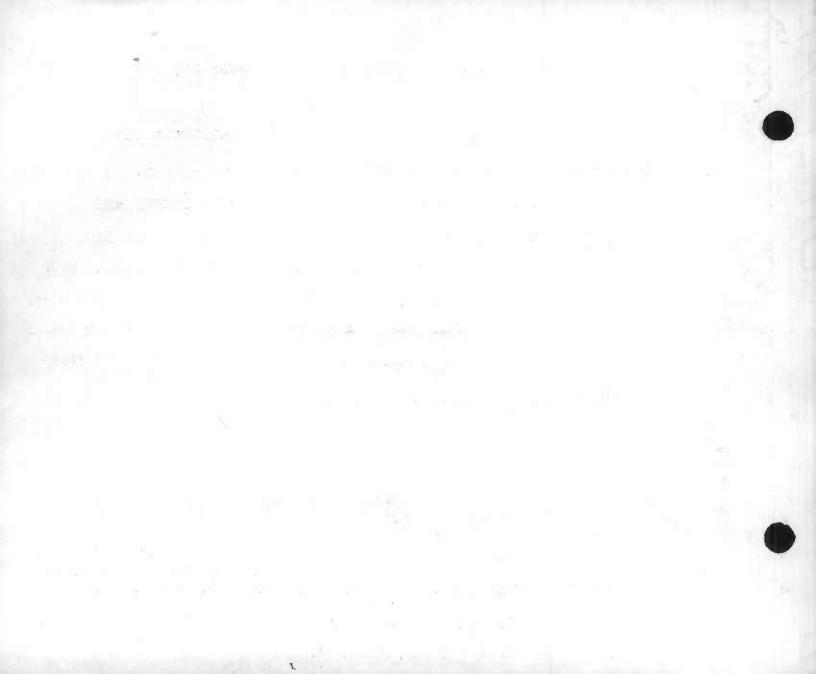
Leonard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND



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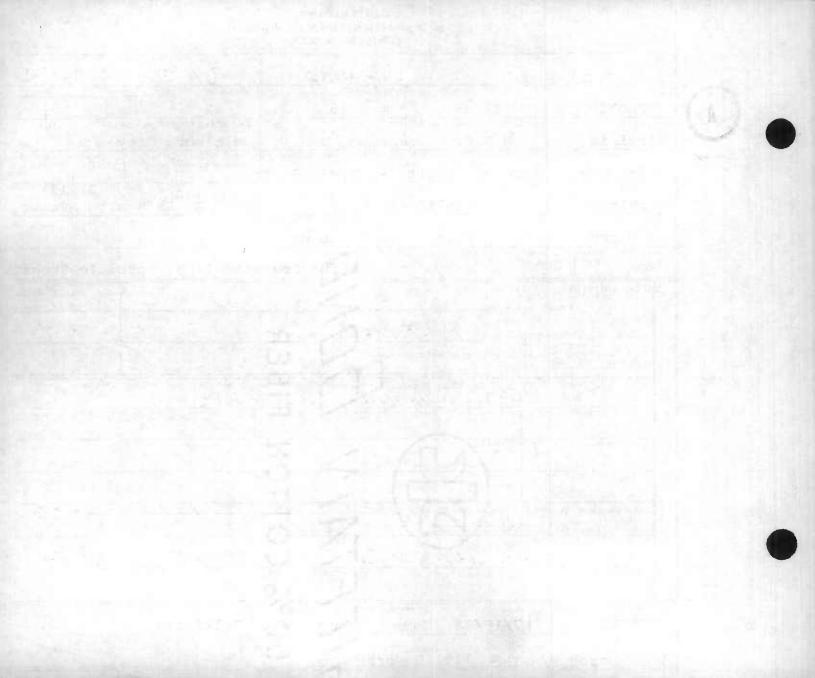
DHMH - 16 50M 4/83 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH 121 KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 13e.STREET ADDRESS / ZIP CODE 510 S. Gilmor Street 21223 MIDDLE Ruth ADDRESS Lottie M. Meiler 1602 Cole St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 20b. (F YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) CITY OF TOWN COUNTY STATE ed an the cate and how and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 23d LOCATION Baltimore Maryland 7/9/84 Burial New Cathedral Cem. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 216. REGISTRAR'S SIGNATURE 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

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6	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE B 4	8 5 5 9
e p e t		CEASED NAME FIRST	MIDDLE	~	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
0 0	3. SE		sie	V	umorp	1/11/814	- 1M
(1)	3. SE.	Female	4 RACE Black	5. DATE	OF BIRTH 15 02	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
\ nOD		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COU	
1	V	irginia	U.S.A.	WIDOW	ED DIVORCED	Baltimore (City, MD.
7/		altimore	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	OR OTHER INSTITUTION Medical Ct	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR
305	USU:	AL RESIDENCE (IF NURSING HOME COTATE 136 COL	PROTHER INSTITUTION, GIVE RESIDENTY			13e STREET ADDRESS	21213 Fayette Avenue
ond 2		THER'S NAME FIRST FETTY	WIDDLE	nmond	15. MOTHER'S MAIDEN NA Lena		LAST
-	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	
s. Pages e medica	(NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	V/A	Rufus Drum	mond 14 S. F	Rosedale Street
he attending physic emave carbanpape imation, ar removal. ir traumatic event, th		18 CAUSE OF DEATH Enter of PARTI. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A C	Crob ONSEQUENCE OF aboutes V	nelletins	went	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CHARLES CH
ransit permit. Then please re Hygiene prior ta burial, cren 18 shaws any injury, ar ather	CERTIFICATION	underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBU	JING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION - Section 200 AUTOPSY? 200 IN CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \ NO \
1 0 E		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	a 18 PART OR PART 2)
Ith and Meni prked ar Ite	MEDICAL	21d INJURY OCCURRED WHILE OT WHILE AT WORK	P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
af for use o af Health		220.1 certify that (1) (this hasp saw the deceased alive a abave (1) [we)(did)(did n			nd that in (my) (aur) apinian	death accurred an the date and	haur and fram the couses stated
detached tate Dept		22b. SIGNATURE	m K (Sev)	In my	DEGREE ATTENDING PHYSICIAN L	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O FUNE hauld be with the S		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS		
. W Z Z	23a B	SURIAL, CREMATION, REMOVA SPECIFY) BURIAL			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY Mastate
50111.05		JNERAL DIRECTOR	7/16/84	Mount	Auburn Cem.	Baltimore	
50M 1/81 15, 4)		m C March F/	H Inc. 110	1 E Nor	100	JL 1 3 1984	Daige Son-Randole



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X DECEASED NAME DuBose 2b HOUR (TYPE OR PRINT) OF ESTI-7/6/84 Abraham (Dubose) DEATH MATED 4. RACE SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 11 1:00 20. MONTH YEAR LAST BIRTHDAY) PRONOUNCED 7/6/84 DEAD black 24 68 male 10 15 YRS Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF MARRIED | NEVER MARRIED K FOREIGN COUNTRY DIVORCED Maryland Baltimore City ID CITY OF TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) University Hospital Baltimore 13e. STREET ADDRESS 13a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? Baltimore Maryland NO [513 Mt. Holly St. 21229 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ANIDDLE Smith Cleveland Jackson Hattie 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO 17 INFORMANT ADDRESS Hattie DuBose 513 Mount Holly St NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound to Head IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YOU CONTRIBUTING CAUSE OF DEATH 12:29 XX 7/6/8419 HOUR A.M. MONTH DAY YEAR subject shot 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE 700 Blk. Allendale St., Balto. City, Md. AT WORK AT WORK street FUNERAL DIRECTOR: TER DEATH, WITH THE S 22e. I certify that I taak charge of the remains described above, held on Autapsy Hamicide X death resulted fram: Natural causes Accident Undetermined manner Suicide TITLE (SPECIFY) ACTUAL 7/6/84 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Gregory R. Kauffman, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Md. BURIAL 7/12/84 Arbutus Arbutus Mem. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS Pia Davidson (VR A15 ME (5)) Wm C March F/H Inc. 1101 E North Ave

20M 4/82

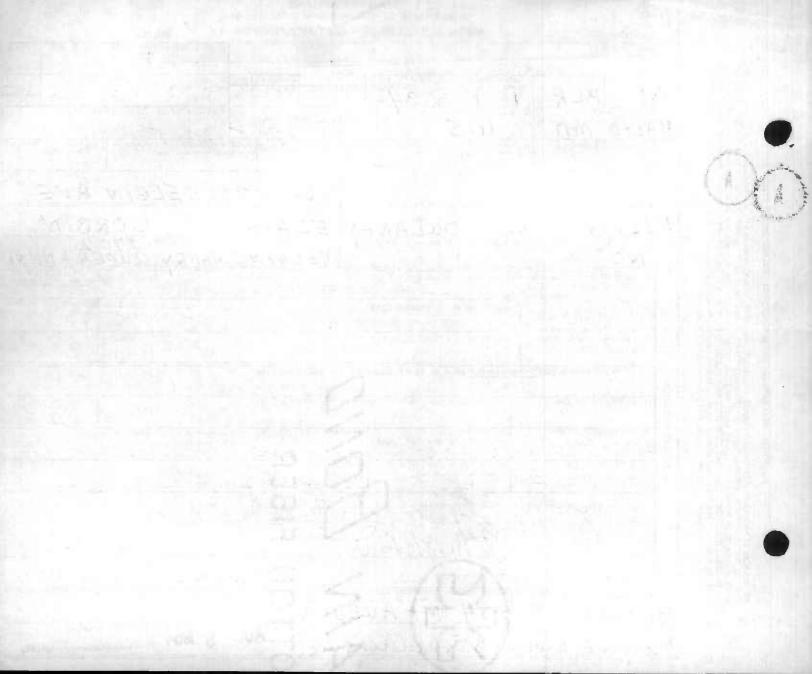
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) EVERY UDD 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH IF UNDER 241 White (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY, OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED X 17. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Manager Apartments USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME BALTIMORE 16a WAS DECEASED EVER ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Miss Gloria Duddy 14 W. Cold Spring Ln. no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE PRESTON MELANOMIA Canditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 AL RECORDS, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL DIVISION OF 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (well Wid) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED should be detoo with the State [**PHYSICIAN** DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRI 22e. ADDRESS 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY Burial Ellicott City, Md. 7/12/84 St. John's Cem. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd. (VRA 15, 4)

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Α.	ı	Section 199		STATE OF MARTERAU		
7	1.	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO	8 3 6 4
4. 1.1		CEASED NAME FIRST	MIDDLE	LASI	20 DATE OF DEATH	NONTH DAY YEAR 26 HOUR
pe 3	(TYPE	GRARINI) Hele	N L	Dukes	7/11/84	3:50 Pm
	3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
		Female	Black	MONTH DAY YEAR 27 17	67	YRS. DAYS HOURS MIN.
102 1//		RTHPLACE (STATE OR FOREIGN 7E	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE-CITY OF	COUNTY OF DEATH
10	1	North Carolina	USIT	WIDOWED DIVORCED	Baltmo	recity MO.
led with	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		124 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
	USU	AL RESIDENCE (IF NURSING HOME OR O		ADMISSIONI	Itomeme	
filled in rould be		Mary and	Y 13c CITY OR TOWN		130 STREET ADDRESS /	siddle St 21202
2 sh	14. FA	THER'S NAME	NODLE LAST	15. MOTHER'S MAIDEN NA		
ond	14- 1	VAS DECEASED EVER IN U.S. ARM	Barn	ett Glady	ADDRES	Winstead
Poges medical			WAR OR DATES) 220-14	- M	1	936 E Biddle St.
pers of.		18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and	(cs.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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rbor re-		IMMEDIATE				
fence co		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	1 0		30 years
motivo r		gave rise to immediate	127			700.2
se re crer other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
1000		DART 2 OTHER SIGNIFICANT CO	(c)	SEATURITA NOT DELATED TO THE TERM	ANAL DISEASE OR COVE	THOU CONTOUR DAD I
to be to	z	PART 2. OTHER SIGNIFICANT CC	DADITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OK COND	THON GIVEN IN PART TIA
	CERTIFICATION	19s. DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
1111	FIC	THE DATE OF GREATHOUT	The condition of the condition	OF ENAMION WAS FER OWNED		IN CERTIFYING CAUSES OF DEATH?
1100	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO	YES NO
		OR CONTRIBUTING CAUSE OF DEATH		Y YEAR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART TORPART 2)
1 1 1 1 1 1	Š	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
and his	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TOW	OUNTY STATE
o A sold		220.1 certify that (1) (this haspita	intended the deceased from_	July 5th 19 84	10 30141	rh 19 34 that (i) (ive) last
10 10 10 10 10 10 10 10 10 10 10 10 10 1		saw the deceased alive an_	July 11th 195	, and that in (my) lour i opinion	death accurred in the da	te and have and from the causes stated
No.		abave, (1) (we) (did not) 27h. SIGNATURE	view the bady after death.	DEGREE	WI W	22c. DATE SIGNED
4 0 10 2	1	-n 0-	7) 1. 47 ms	MPH W-ALTENDING	CAL STAF	17/1/04
A State		22d. PHYSICIAN'S NAME (TYPE ORE		22e ADDRESS	PHYSICI	ANGL IIII BE
D FUNER Sould be the State of the State of t		Neil Pade	att mo mot	00. 11	Hornrd Fo	and Hill Madaux
OT OF W	22- 1	CON	16.11	1 0 00/1		JASTITITI MA FLOS
		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION Randalls	stown, Md.
3P	$\overline{}$		7/17/84 Ki	ng Memorial Pk.		
- 16 50M 4/83	36	JNERAL DIRECTOR	ADDRESS	711	TE REC'D. BY REGISTR'AR 2	Sh. REGISTRAR'S SIGNATURE
(VRA 15, 4)	W	m C March F/H	Inc. 1101 E	North Avenue	11 3 1984	Juna Davidson-Handall

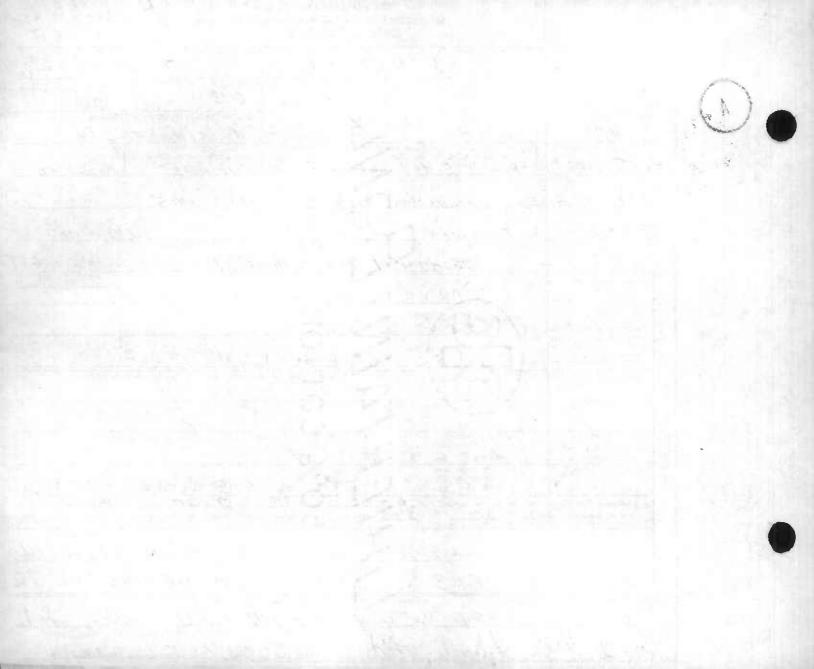
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	REGISTRAR ECEASED NAME FIRST	MIDDLE	MINER'S CERTIFICAT	20. DATE KNOWNY	W MONTH DAY YEAR 26 HOU
100	(PE OR PRINT) Grea	(OT)	Dulaney	OF ESTI-	7-30 1984
3. SE		5. DATE OF BIRTH 6. AG	TE (IN YEARS IF UNDER I YR. IF UNDER	DER 24 HRS. 2c. DATE PRONOUNCED DEAD	7-30 1984 12:20
3	OREIGN COUNTRY) ALTO MO	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M	ARRIED 9. BALTIMORE CITY ORCED Baltimor	OR COUNTY OF DEATH
	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL 3205 Elgin AV		12a. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	
	AL RESIDENCE (IF IN NURSING HOME STATE) 136. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		152 3205 EL	GIN ADETO
N	ATHER'S NAME 1ELVIN	MIDDLE DULLAST	ANEV ELA		CORBIN
	WAS DECEASED EVER IN U.S. AR YES, NO. OR UNKNOWN) (IF YES, GIVE	RMED FORCES? E WAR OR DATES)	ECURITY NO 17. INFORMANT	IN DWANEY	2702 ZUEEN ANNRI
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one cause per line far (a), (b), and DBY: Dlint Train	(c).) Ima to Head and S	Strangulation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (0) DIGITO TEAU (DUE TO, OR AS A CONSEQU		crangulation	
	Conditions, if any, which gave rise to immediate	(b)			
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (d).	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED?		20 AUTOPSY?
FRIE	71a EXTERNAL CAUSE WAS	21b. TIME OF INJURY	The HOW IN HIRY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 1)	YES XX NO
AIC	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH ? P.M. 7-30	YEAR	saulted and strar	
	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT H STREET, FACTORY, FARM, ETC.)	OME. 211 LOCATION	Avenue, Baltimor	COUNTY STATE
MEDICAL					
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MEDI	1	ge of the remains described above, help prol couses	Suicide , Homicide	Undetermined manner	ind in my apinian
MEDICAL CERTIFICATIO	1			Undetermined manner	DATE 7-31-84
WEDI	ACTUAL SIGNATURE NOTE		Suicide . Homicide . TITLE (SPECIF ASSISTA	Undetermined manner (DATE 7-31-84
2	death resulted from: Natural SCHARLES NAME EXAMINER'S NAME DET	prol couses Accident D,	Suicide , Homicide STITLE (SPECIF ASSISTA	Undetermined manner Y) Ant_MEDICAL EXAMINER	DATE 7-31-84

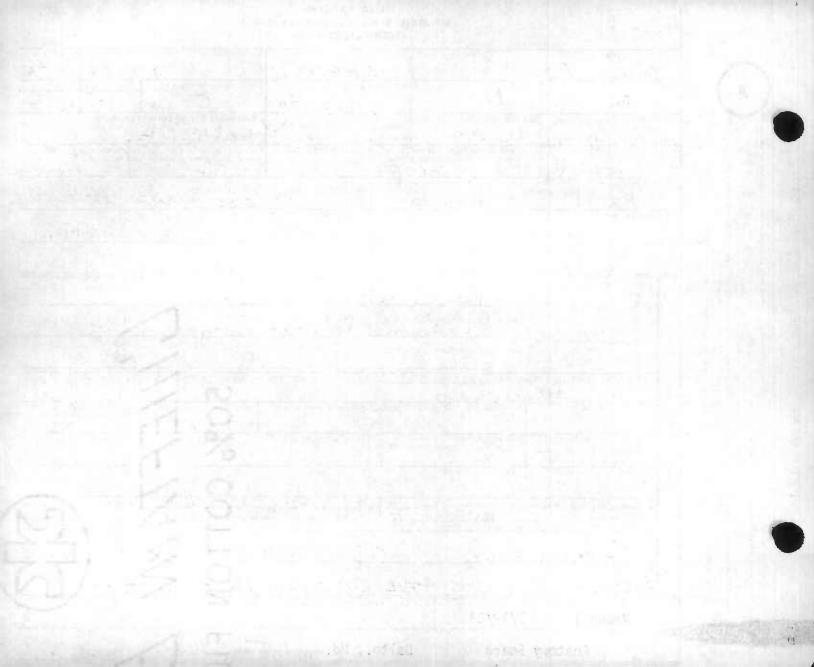


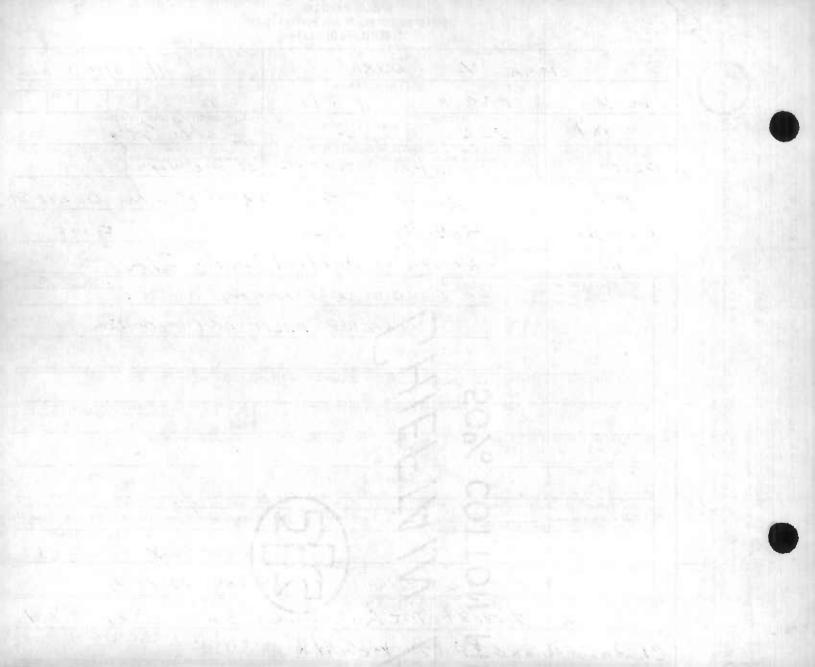
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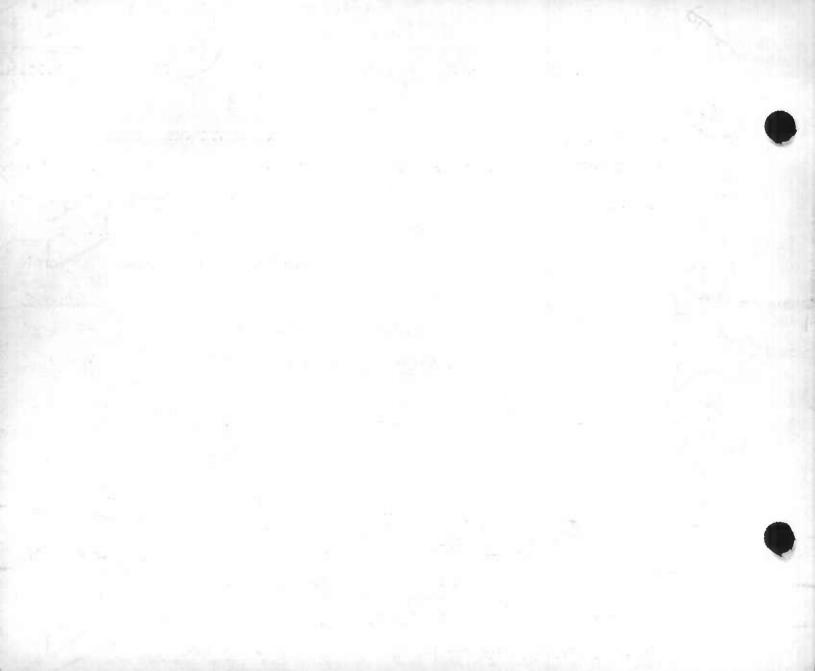
	1	STATE OF MARYLAND RE	LEASED ON APPROVAL
	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENEBY DR SMITH, HEBICAL REG. NO. EXAMINER
# °#	1. DECEASED NAME FIRST (TYPE OR PRINT) HOWARD	DUNNIS VAN	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 7 20 848 390 M
Circ.	2.5EX 4. RAC		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		IZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD. MD.
4	1 0 0 V (F	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
the form	USUAL RESIDENCE (IF NURSING TO LESS OTHER III	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS
oletely til	14. FATHER'S NAME FIRST MDDLE	LAST YES IN NO	ME MIDDLE LAST
ORE, M	160 WAS DECEASED EVER IN U.S. ARMED FO (YES NO OR UNKNOWN) (IF YES, GIVE WAR O		ADDRESS HATHAWAY
BALTIM core be poper, poper, pe	18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY.	230-10-4301 MARY L (Mo	ORRIS) DUIIII VAIII — WESTERNYOR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., th certiful inding ph corbono or reme	OGD SIMMEDIATE CAU	UE TO, OR AS A CONSEQUENCE OF	/ ARRESI
the dearmone remove emotion	Canditians, if any, which gave rise to immediate cause (a), stating the	(b) SEPTIC SHOCK UE TO, OR AS A CONSEQUENCE OF	
S. 201 W mes that m please burial o		(c) THIRD DEGREE BUR	
ECORD or regular prior to	190 DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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ATTENCY OF THE PROPERTY OF THE	abave, (1) (we) (did) (did nat) view	the bady after death. 19.84, and that in (my) (our) opinion	deoth accurred an the date and haur and from the causes stated
Fal OR Vy the by Rai Diffe detoche obte Dep			MEDICAL STAFF DIRECTOR PHYSICIAN 7/20/84
O HOSPI famed be to FUNE hould be with the 5	RAUL CAC	LERES FRANCIS	S. KEY MEDICAL CENTER
BP	230. BURIAL, CREMATION, REMOVAL 23b.	DATE 23C NAME OF CEMETERY OR CREMATORY 23-84 REST LAWN MEM. GARD	23d. LOCATION CITY OR TOWN COUNTY STATE /
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR Harght		TE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



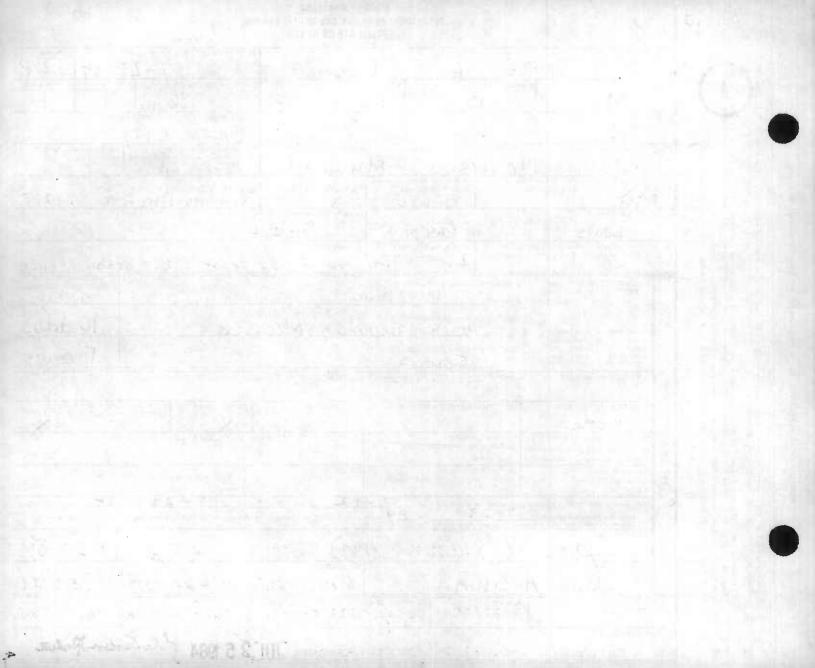
	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	18360
		ASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR 26. HOUR
	TYPE O	BABY BOY	1	DURHAM		7 1484 412 A
) 3.	SEX		1. RACE N	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	OAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35		THPLACE (STATE OR FOREIGN	OB. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR Balto.	COUNTY OF DEATH
3// 10	CIT	or town of death	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS) DS P	120 USUAL OCCUPATIO	
1 U	SUAI 3a ST	RESIDENCE (IF NURS DIE DR. ATE	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS	130 STREET ADDRESS 3138 BOU	Keist Baltoziz
14 Carrier and 14	FAT	HER'S NAME FIRST UN KNOW	AIDDLE LAST	15. MOTHER'S MAIDEN		Durstan
nedico 16	Sa W.	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRES	S
or other troumotic event, the		8 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the		DUENCE OF Premo	tuily	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
×		underlying couse lost. PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE T	erminal disease or condi	TION GIVEN IN PART 110
No south	CERTIFICATION	9a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
		Pla. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	16	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART 2)
	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
			ol) ottended, the deceased from	n 7 / 3 / 19	4 10	, 19 , that (1) (we) lo
Item 21 is morked		27a. I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not	<u> </u>	DEGREE		e and hour and from the couses stated
IMPORTANT: If them 21 is morked e		sow the deceased alive on, above, (I) (we) (did) (did)	wiew the body offer death.	DEGREE ATTENDIN PHYSICIA 122e ADDRESS		22c. DATE SIGNED



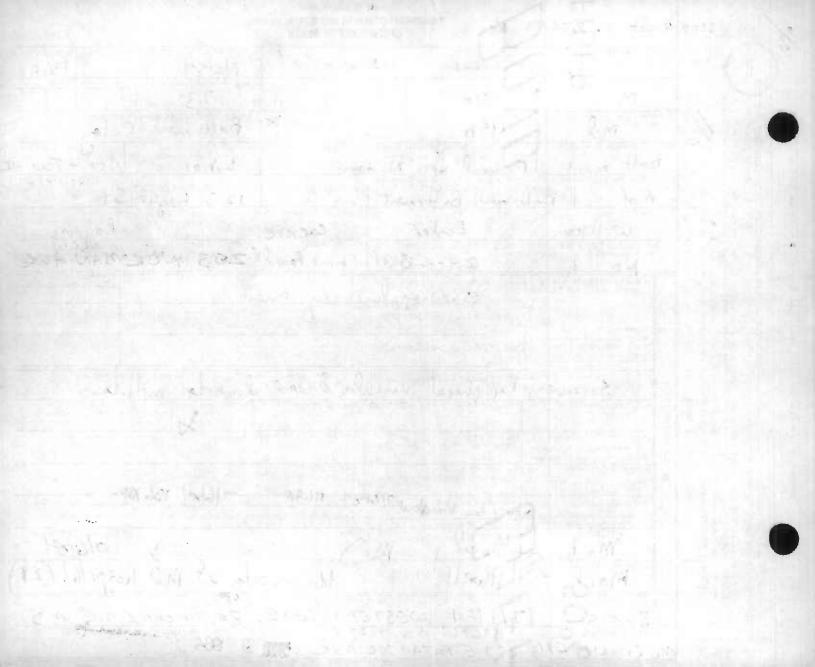




10	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE A	18569
	DECEASED NAME FIRST TYPE OR PRINT) REV.	CINCE A	FASON	?a DATE OF DEATH N	7-23-84 6:20 PM
3.	SEX M	4. RACE B	S. DATE OF BIRTH MONTH DAY YEAR 0 4 22 9	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
10 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR		B BALTIMORE CITY OF	
10	BALTO	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION OF MANY IANA	170 USUAL OCCUPATIO (TYPE OF WORK EOR MOST OF REVLY UN	WORKING LIFE) INDUSTRY
U:	SUAL RESIDENCE (IF NURSING HON STATE 13b. CO	E OR OTHER INSTITUTION, GIVE RESIDENCE BEF DUNTY 13c. CITY OR TO			ZIP CODE.
1)	FATHER'S NAME FIRST LOUIS	MIDDIE EASO	N 15. MOTHER'S MAIDEN NEI NEI	-LIE MIDDLE	LAST
/ 160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 216-09	1-7749 Frances	S. Eason 13	l4 Harlem Avenue
	PART I. DEATH WAS CA	r only one couse per line for (a), (b), USED BY: DIATE CAUSE (o)	ondicui · · · · · · · · · · · · · · · · · · ·		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	Tubular No	ecrosis	10 days
		1 10 Seps		TERMINAL DISEASE OR COND	ITION GIVEN IN PART 110
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSÝ?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
		DEATH HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART T OR PART 2)
MEDICAL	71d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	n COUNTY STATE
	sow the deceased olive obove, (I) (we) (did) (did	ospital) attended the deceosed from 1-23 I not) view the body after death.	OH	hion death occurred on the dat	e and hour and from the causes stated
4	276. SIGNATURE	e a Quin	W DEGREE ATTENDIN PHYSICIA		
/	22d PHYSICIAN'S NAME (IN	A Quinn	Univers	sity of Han	pland Hospital
	BURIAL, CREMATION, REMOVE	7/AL 23b. DATE 7/27/84 C	NAME OF CEMETERY OR CREMATO edar Hill Ceme	tery Anne Ar	
	FUNERAL DIRECTOR m C March F/	H Inc. 1101 E	North Avenue	IUI 2 5 1984	REGISTRAR'S SIGNATURE



/	1,	FOR S 13.6.1	O DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENES 4	3 5 1 0
Item		PROPERTY Ph. 7/16/	04 Kg	CERTIFICATE OF DEATH	REG. NO.	
(B)		CEASED NAME FIRST CORPRINT)	MIDDLE	Easter	20. DATE OF DEATH, MONTH	DAY YEAR 26. HOUR
	3. SE		4. RACE WIG.te	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
h. Port		RTHPLACE (STATION FOREIGN	7b. CITIZEN OF WHAT COUNTRY	* 8 MARRIED NEVER MARRIED	9 BAHIMORE CITY OR COUNT	
er deot	10 C	TY OR TOWN OF DEATH		WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
in by th	×.	Salt, mane AL RESIDENCE (IF NURSING HOME O	I F NOT IN SUCH FACILITY, GIVE STRE	N. Haml	TYPE OF WORK FOR MOST OF WORKING L	Net + Twin
filled in 24 ho	13a.	mal 13b. COU	nty Balti	WN 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP COD	stalds
d within	14. F	ATHER'S NAME FIRST CILICAN	MIDDLE EGST	15. MOTHER'S MAIDEN N.	AME O	Bauman
h ond cor Poges 1		VAS DECEASED EVER IN U.S. A YES, NO GRUNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SEC IVE WAR OR DATES) 219-16	-8191 Emma Rean	P (52603-10NO)	1. 21061
that the death certificate is by the attending physici ease remove carbon paper is cremotion, or removal, r other troumatic event the		PART I. DEATH WAS CAUS	Inly one couse per line far (o), (b), (b), (b) BD BY: ITE CAUSE (o) DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	UENCE OF CW	rest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been signed rmit. Then ple prior to burio ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT S212WL 190. DATE OF OPERATION	r, reprepend	DEATH BUT NOT RELATED TO THE TER Vas 2 Way 2 PLANS HOPERATION WAS PERFORMED	dishetes mel	1 1
HYSICIAN: The Is anding physicion. this certificate has buriol-transit per d'Mentol Hygiene d'actiem 18 shows	MEDICAL CERTIFI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETE STITE OF DIETE	- SIII	DAY YEAR 19 211 LOCATION STREET	YES NO Y	ES NO
OR ATTENDING e hospital or otte DIRECTOR. After oched for use as th Dept. of Health or f them 21 is market	4	WHILE AT WORK 270. I certify that (I) (this hasp saw the deceased alive a obove, (I) (we) (did) (did not say that the say the say that the say the s	oital) ottended the deceased from Neuron Saw NYM (1)	ond that in (my) (our) opinion	n deoth occurred on the dote and ha	19, that (II (we) lost ur and Irom the causes stated
TO HOSPITAL of HOS		22d. PHYSICIAN'S NAME (TYPE	Stillwell)	ATTENDING PHYSICIAN 772-ADDRESS UNIVER	MEDICAL PHYSICIAN X	H83 pita) (ER
BP	23a.	BURIAL, CREMATION, REMOVA	7/9/84 6	NAME OF CEMETERY OR CREMATORY	E. RALTIMONE	CITY MSTATE
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR	BALTO, MADRESS	D ZIZZS ZSO.DA	ATE REC'D. BY REGISTRAR 255 RECO	LON COMPONENT UNE



executed within 24 hours after

	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	18	3571	T-
		CEASED NAME FIRST OR PRINT) LS / IA	MIDDLE	E'Z	3ER	20 DATE OF DEATH	AB HTMOM	1984 1	347
	3. SEX	EMALE U	ACE WHITE CITIZEN OF WHAT COUNT	5 DATE C MONTH		6. AGE (IN YEARS LAST BIRT 88	YRS.	DAYS HOUR	DER 24 HRS 5 MIN.
0	Be	rmuda Island	NAME OF HOSPITAL, NUI	MARRIEI WIDOWE		Baltimo	re Ci		MD.
5	FUSUA	Balto. AL RESIDENCE OF NURSING HOME OF OTHI TATE Md -	St. Agnes H	osnita FORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NOTTO	13e STREET ADDRESS /	ZIP CODE I	Dept.St	
É)	THER'S NAME FIRST MIDD	Pa		15. MOTHER'S MAIDEN NAI FIRST Melissa	ME MIDDLE		King	
2		VAS DECEASED EVER IN U.S. ARMED (18, NO OR UNKNOWN) (18 YES, GIVE WA	R OR DATES)	2-4033	William H	7 Westbûrn Eber,Jr	Rd.	#21228	_
37		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	1 10 4	deup	ulmonar	y arres	f	APPROXIMATE IN BETWEEN ONSET A	ND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	CVL)				
	NOIL	PART 2 OTHER SIGNIFICANT CON							
1	CERTIFICATION	190 date of operation	196 CONDITION FOR WH	IICH OPERATIO		YES NO	IN CERTIFY YES		
1	MEDICAL CER	110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (HE EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY LAT HOME STREET FACTORY OFF	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		COUNTY	STATE
	¥	while NOT WHILE AT WORK 220.1 certify that (1) (this haspital) saw the deceased alive an	attended the deceased fro	m	19 19 and that in (my) (our) apinian			9, that i	

the death certificate be injury, or other troumotic event, 1 ental Mygiene priar ta burial, cremotian, ar removal TO FUNERAL DIRECTOR. After this certificate has been IMPORTANT: If them 21 is marked or Item 18 shows any should be detoched for use as the buwith the State Dept. of Health and M OR ATTENDING

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial G. Transfer Schwab

22b. SIGNATI

230 NAME OF CEMETERY OR CREMATORY

Balto.Nat'l.Pike

#21229

22e. ADDRESS

23d. LOCATION
CITY OR TOWN
Balto
EC'D. BY REGISTRAR 25.

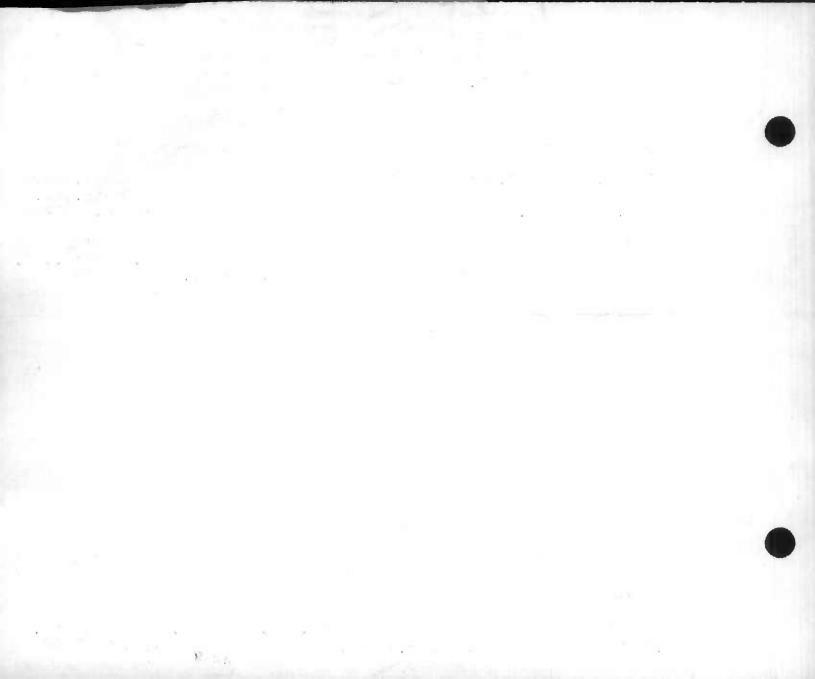
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

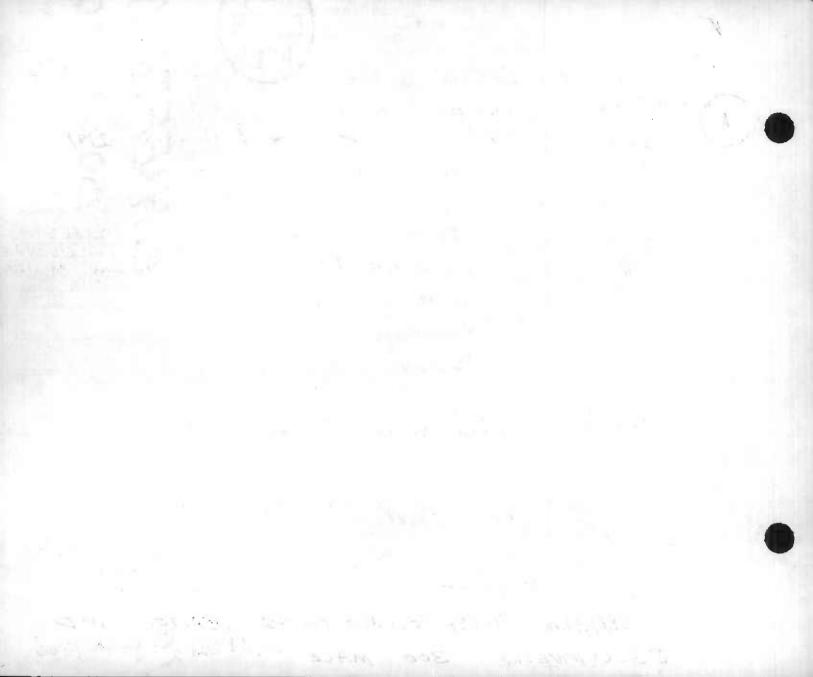
COUNTY

22c. DATE SIGNED

STATE

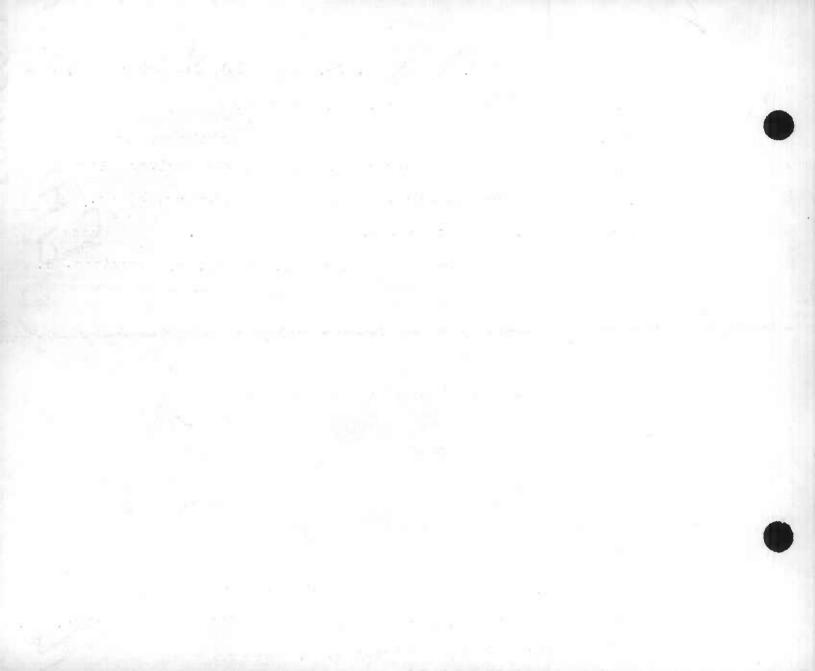
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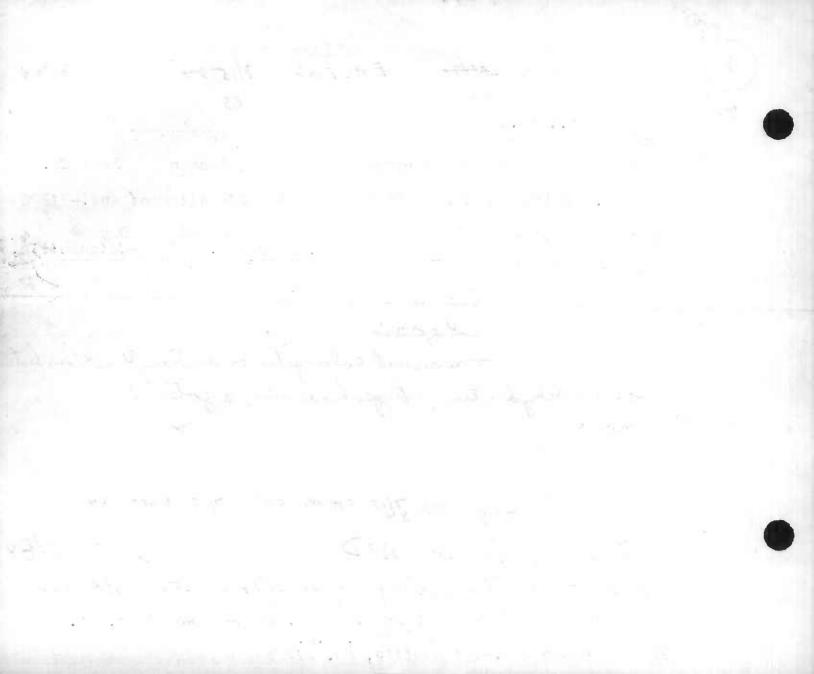


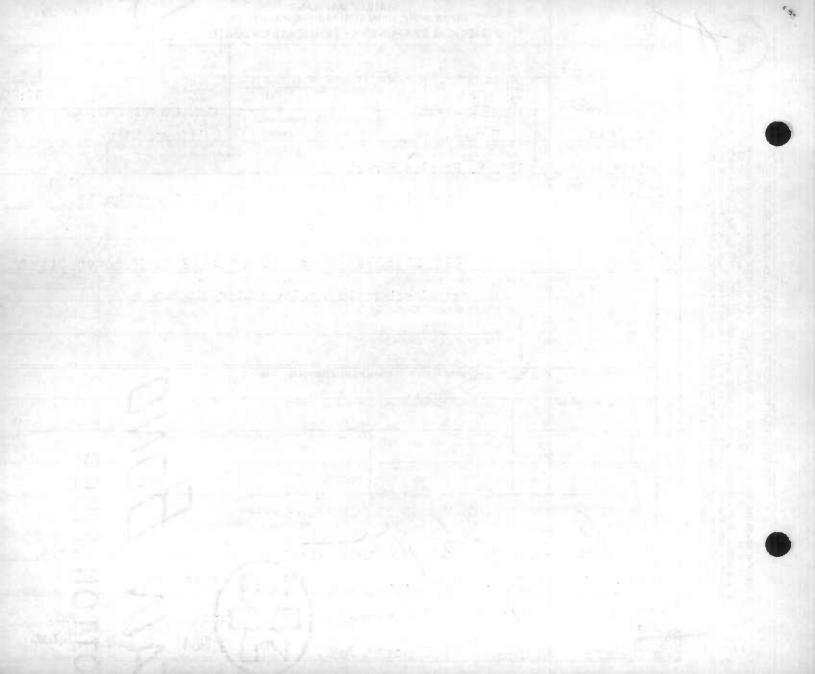
(VRA 15, 4)

STATE OF MARYLAND



7		FOR	DEPAI	RTMENT OF HEALTH	HAND MENTAL HY	GIENE	1 3	3/4
7	1-	STATE REGISTRAR	MEDICA	LEXAMINER'S	CERTIFICATE OF	DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE		LAST	2a. DATI	E KNOWN VV MON	TH DAY YEAR 2b. HOUR
May No.	(TYI	PE OR PRINT) Jam	00 1	Fd	lmonds 111	OF	H MATED	7 2019 84 M
(ACEDIA	3. SE		5. DATE OF BIRTH	6. AGE (IN YEARS IF U)	NDER 1 YR. IF UNDER 2		TE MONT	
N Z E IS	M	ALE BLACK	5 10 196	A MOINT	HS DAYS HOURS	MIN. PRONO		7 20 19 84 a. M
SA PERIL		IRTHPLACE (STATE OR	76. CITIZEN OF WHAT CO	NILL ITOYO		9. BALT	IMORE CITY OR COU	
A NEW STANS		SHINGTON. D.C.	us		RIED NEVER MARRIE		altimore C	ity
Zanos T		SHINGTON, D.C.	11. NAME OF HOSPITAL, I			12a USUAL OCC	UPATION (TYPE OF WOR	RK 126. KIND OF BUSINESS
A F S E S		Daltimara	(IF NOT IN SUCH FACILITY, GR	n Hospital		STUDE	VORKING LIFE)	OR INDUSTRY
Z S S S S S S S S S S S S S S S S S S S	ÚSU	Baltimore AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)				
BALTIMORE, MD. 21201 SS AFTER DEATH. IF ANY DI GIVE PAGES 1, 2, AND 31 VITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD PHORES 1 AND 2 SHOULD PHORES 1 AND 2 SHOULD		STATE 136. COU		LTIMORE	13d. INSIDE CITY LIMITS?	1045 C	OOKS_LANE_	21229
, MD. ; MD. ; MD. ; MD. ; MD. 3.		ATHER'S NAME			15. MOTHER'S MAIDEN		WIDDLE	LAST
DEATH DEATH AND SOLE AND SOLE AND SOLE SOLE SOLE SOLE SOLE SOLE SOLE SOLE	1	James L.	MIDDLE	nds Jr.	Martha			leman
TER DE FE PAGE FESTORM FESTORM ON OF	16a. \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. S	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
T., BALTIMO URS AFTER I B. GIVE PAG WITH FORM II. PAGES 1.	,	res. NO. OR UNKNOWN) (IF YES, GI	E WAR OR DATES)		MARTHA ED	MONDS	1045 COOK	S LANE 21229
S. G. S. G. S. C.		18. CAUSE OF DEATH (Enter of	only one cause per line for (o),	, (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
is 0 _ () > =		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (a) Gunsh	ot Wound of	Head	(unspe	cified)	
STON: 4 24 H N ITEM ALONG IT PER/ YGIEN			DUE TO, OR AS A C	ONSEQUENCE OF				
PREA MER ANS AL H REA		Conditions, if ony, which						
801 W. PRESTON. TIED WITHIN 24 H N PENCIL IN ITEM XAMINER ALON AL-TRANSIT PER, MACNIAL HYGIEN M, OR REMOVAL		cause (a) stating the unde		ONSEQUENCE OF	-			
		lying cause last	(c)					
DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROPED TO THE CHIEF MEDICAL EXA RDED TO THE CHIEF MEDICAL EXA RDED TO THE CHIEF MEDICAL EXA RDED TO THE CHIEF MEDICAL EXA RD S 3 SHOULD BE USED AS A BURIAL- RE DEPARTMENT OF HEALTH AND ME ROW TO BURIAL, CREMATION,		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL OISEA	SE OR CONDITION GIVEN IN PART	[] (a).		
ECOR BE ED ENDIN MEDIC AS A E SATH A	N N							
TAL RE HOULD PROVIDE NO. PEEN PEEN PEEN PEEN PEEN PEEN PEEN PEE	7 3	196 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION V	VAS PERFORMED?			20 AUTOPSY?
VITA SHOWN NE OHI	CERTIFICATION							YES X NO
VISION OF VITA CERTIFICATE SHC ITING THE WORE DED TO THE CH DEPARTMENT OF I PROPE OB UR		214 EXTERNAL CAUSE WAS	21b. TIME OF INJUR HOUR A.M. MON	ITH DAY YEAR	IOW INJURY OCCURRED		EINJURY IN ITEM 18 PART I O	R PART 2)
SION OF RTIFICATE VG THE V O TO THE SHOULD PARTMEI	18	CONTRIBUTING CAUSE O	F DEATH 1:10 XX 7	–20 ₁₉ 84 st	ubject was s	shot		
VISI DEP.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJU	JRY (ATHOME, 21f. LC	OCATION STREET	CITY OR	TOWN	COUNTYSTATE
	~	AT WORK AT WORK	on str	reet 10	000 blk. Coc	oks Lane	, Baltimor	e, Maryland STATE
R. THI NTE, W DRWA R. PA(E. STA' 10, 21;			rge of the remoins de critical	bove, held an Autor	psy X, Inspection	, Inqui	ry , ond in my	y opinion
MAN GEN		11	vrol courses Adode	Survide	, Hamicide XX.	Undetermined	manner ,	
XXAA XXAA VIII 8 VIII 8 ARY		66	· NA	of his	TITLE (SPECIFY)			
A HONE	1	SIGNATURE WELL	wo /X/M	es you	Assistant	MEDICAL EX	AMINER SIC	TE 7-20-84
NE ST. TE TE		EXAMINER'S NAME	nnia E. Cmrth	MD	111	Donn St	., Balto.,	Md. 21201
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STEMENT OF THE		(TTPE OR PRINT)	ennis F. Smytk		_ADDRESS			. PM. 21201
722749	23a.E	SURIAL, CREMATION, REMOVAL SPECIFY)	and the second second second	3c. NAME OF CEMETERY		BALTT	MODE	MARYLAND STATE
BP	24 5	BURIAL FUNERAL DIRECTOR	7-24-84	WOODLAWN C	CEMT.		RAR 256 REGISTRAR	
DHMH - 17	24.1	PHILLIPS	1727008EAS MO	NROE ST. 21	217	_	- 7	4.4
(VR A15 ME (5)) 20M 4/82		C.L. IIILLEIIC	77 E- 14. MO		JUL	2 5 198 4	Grilia David	John-Naulastar

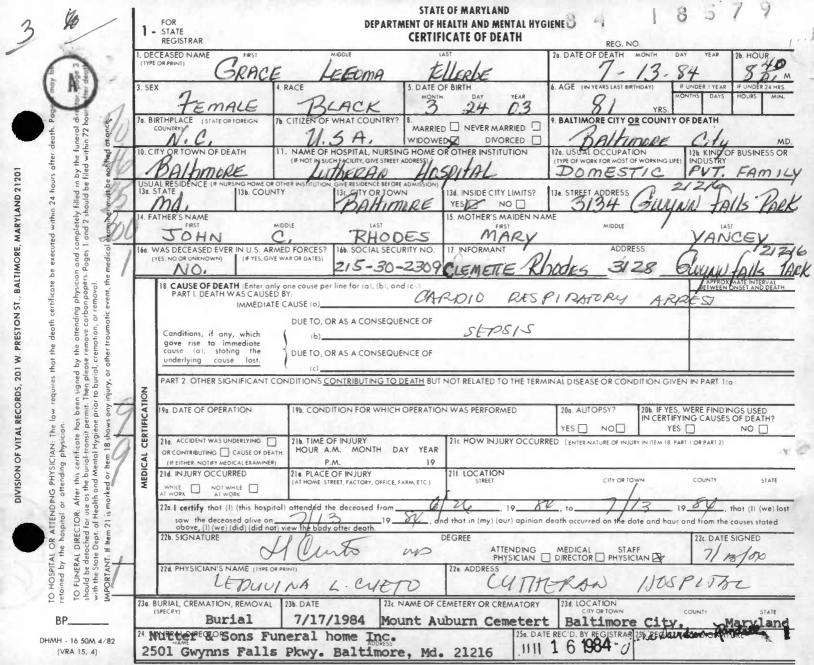




-	4	FOR STATE REGISTRAR	DEPA	RIMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		3 3 / /
(,B;)	1	DECEASED NAME FIRS	MIDDLE THY	ELFONTE	REG. NO. 20. DATE OF DEATH MONTH	3 84 2 D
note. p	3	-e male	1. RACE WHITE	S. DATE OF BIRTH MONTH JULY 11, 1902	6. AGE (IN YEARS LAST BIRTHDAY) 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS I MIN
deoth Pa	2	BIRTHPLACE (STATE OR FOREIG COUNTRY) MARYLAND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 Jac (Note C	city
urs offer n by the f filed with	かし	BALTIMORE	GOOD Samar	itan Huspital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	12b. KIND OF BUSINESS C INDUSTRY AT HOME
hin 24 ho ly filled in should be			COUNTY IS ANDAL		130. STREET ADDRESS RANGE	OCK Rd 2113
completely s I and 2 sh	X	FIRST SOLOMON MAS DECEASED EVER IN U.	MIDDLE LAST SEIDM S. ARMED FORCES? 1166. SOCIAL S	AN FRUMA	NORMA COMPLENS	ROME
certificate be execting physician and ban papers. Pages removal.	2	(YES NOOR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES) 212-03 ter only one couse per line for (a), (b)	-2720B 3611 RUSTY F	ROCK RD., RANDALL	STOWN, MD 211
quires that the death signed by the othend then please remove co to burial, cremation, a niury, or other troumot			DUE TO, OR AS A CONSE		MINAL DISEASE OR CONDITION GIV	VEN IN PART 1:0
SICIAN: The low regret physicion. certificote hos been rich-tronsit permit: Tendol Thygiene prior fentol Hygiene prior them 18 shows ony in		198. DATE OF OPERATION 270. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.	4G 21b, TIME OF INJURY OF DEATH HOUR A.M. MONTH	DAY YEAR	TOWES NO NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO PART 1 OR PART 2)
offending offending fer this ce is the buri		(IF EITHER, NOTIFY MEDICAL EX. 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	216. PLACE OF INJURY	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN ospital or ECTOR: Ai of for use of t. of Health		obove (I) (we) (did))	hospital) attended the deceased from the control of the deceased from the control of the control	, one met il (iii) ear, apriller	4., to	
by the hy by the hy ERAL DIRI e detoche Stote Dep	1	224. PHYSICIAN'S NAME	PV - /U	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 7-13-8
TO HOSPITAL retoined by 1 TO FUNERAL should be de- with the Stot		KWANGO	N-KIM	5601 Loca	Raven Blud Ba	Ofinor 2123
BP		BURIAL (SPECIFY) BURIAL	7-15-84 MI	73. NAME OF CEMETERY OR CREMATORY KRO KODESH-BETH ISRA	AEL BALTIM ORE	COUNTY STATE MD
DHMH - 16 50M 4/82 (VRA 15, 4)	2	NIASAE	L LEVINSON & BROS ERSTOWN RD., BALT	991	TE REC'D. BY REGISTRAR 256. REGIST 17 1984	FRANCE SIGNATURE A DE

		OR				MENT OF H		AND MENT	- Contract of the Contract of	-	1	Ö	.)	/ 0	
7		EASED NAME	FIRST	WE	MIDDLE	EXAMINI		RTIFICAT	E OF DEA		REG. N	-			
		OR PRINT)		TOTAL A	NNE			101		OF	ESTI- MATED			YEAR O. A	26. HOUR
· (翻题)	SEX	14.6	ELIZAB	IS. DATE OF BIRTH	TATA	6. AGE (IN YEA	ELI		IDER 24 HRS.	2c. DATE		MONTH .	29 DAY	19 84 YEAR	2d. HOUR
6			hite	9-10-6	5 YEAR	18 YR	MONTHS			PRONOUN	ICED	7	29	19 84	10:1
J		THPLACE (STATE	OR	76 CITIZEN OF W	HAT COUN	TRY?	B. MARRIEI	D NEVER M	ARRIED 1	9 BALTIM	ORE CITY	OR COUN			
3	Ma	aryland		U.S.	A.		WIDOWE		ORCED		timore		-		MD
d		Y OR TOWN OF	1	(IF NOT IN SUCH F	ACILITY, GIVE S	TREET ADDRESS)		NOITUTION		MOST OF WOR	PATION (TY	PE OF WORK		ND OF BUS	
XI.		altimore				Hospita		U)	Stu	dent			H.	JC	,6\
	30. ST		139 COUN.	r other institution, of the state of the sta	13c. CITY	OR TOWN	1.	3d. INSIDE CITY LIMI YES NO	15? 13e. STR	EET ADDRE	ss Box	x 99	2/	174	10
T		THER'S NAME		WIDDLE		LAST		5. MOTHER'S M	AIDEN NAME	E	IDDLE			LAST	
4		rank		seph	El.	ia		Mildre	ed	Loui	se		Huro		
1	YE	AS DECEASED ET		MED FORCES? WAR ORDATES)		CIAL SECURITY		7. INFORMANT			ADDRES	5			
L	1	lo				-58-43	87	Frank	J. El	ia S	ame a	as #	13		
7		18. CAUSE OF D PART I DEATI	EATH (Enter onl I WAS CAUSED	y one couse per lin			-1						BETW	PROXIMATE VEEN ONSET	AND DEATH
1		01/21	IMMEDIAT	E CAUSE (U)		-cerebr		auma						_	
	4		if ony, which	DOE 10, O	(AS A COI	NSEQUEINCE C	T								
			to immediate	DUE TO OI	RASACON	NSEQUENCE O	F						+		
		lying couse I		(-)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10200211020							11		
	z	PART 2 DTHER SIGNIF	ICANT CONDITIONS	DNTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMI	NAL DISEASE C	R CONDITION GIVEN	IN PART 1 (a),						
1	VIO	19a. DATE OF OP	ERATION	19b COND	ITION FOR	WHICH OPERA	TION WA	S PERFORMED?					70 A	UTOPSY?	
2	FIC													ES 🗆	NO 🔀
7	CERTIFICATION	21a. EXTERNAL C		21b. TIME C			21c HOV	W INJURY OCCU	JRRED (ENTER	NATURE OF IN.	JURY IN ITEM 18	PART I OR P		-3 U	110 63
5		UNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH 2 XIX	\times 7-2	DAY YEAR 6- 1984	Pas	senger	in aut	o tha	t wen	t out	of	cont	rol.
	š	21d. INJURY OCC	URRED	21e PLACE	OF INJURY	(AT HOME,	21f. LOCA						DILLITY		STATE
										CITY OF TO	14/64			eric	k,ਔď.
1	MEDICAL	WHILE AT WORK	OT WHILE T	ro				15 nea	r Rt.	806,	Thurm	ont,	Fred	ACL IC	
>	MEI	AT WORK A	TVORK	4	ad				r Rt.	806,	Thurm	ont,		ACL I.C.	
100	MEI	AT WORK A	not I took charge	ro	ad	ove, held on	U.S.		ection X	806,	Thurm	-		ACT TO	
100	MEI	220. I certify the deoth resulted f	not I took charge	ro e of the remains de	ad scribed obo	ove, held on	U.S.	. Insp	ection X.	806,	Thurm	nd in my o	pinion		
120	MEI	220. I certify the	not I took charge	ro e of the remains de	ad scribed obo	ove, held on	U.S.	Homicide TITLE (SPECIF	ection X, Under	806,	Thurmo	-	pinion	-30-8	4
10012		220. I certify the deoth resulted f	not I took charge	ro e of the remains de	ad scribed obc Accident	ove, held on X	Autopsy	Homicide TITLE (SPECIF	ection X, Under	Inquiry dermined mo	Thurmonian on the control of the con	DATE SIGN	pinion 7-	-30-8	4
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		220. I certify the deoth resulted for ACTUAL SIGNATURE	not I took chorg	ro e of the remoins de ol couses M. Dixon	ad scribed obs Accident , M.D	ove, held on X	Autopsy	Homicide L TITLE (SPECIF ASSIST	ection X. Under Y) Cant MED Penn	Inquiry dermined mo	Thurmonian on the control of the con	DATE SIGN	pinion 7-	-30 – 8	
2		220. I certify the deoth resulted for the ACTUAL SIGNATUREEXAMINER'S NA (TYPE OR PRINT)	ME Ann	ro e of the remoins de ol couses M. Dixon	Accident , M.D	Suid	Autopsy ide	Homicide TITLE (SPECIF ASSÍST DDRESS 111 CREMATORY	Y) Yant MED Penn 234. tc	Inquiry termined mo	Thurmonia on the control of the cont	DATE SIGN	7- ED 7-	-30 – 8 L201	\TE
1	23a. BU (SF	220. I certify the deoth resulted for actual signature	ME Ann N, REMOVAL 2	ro e of the remains de ol couses , M. Dixon 3b. DATE 8-2-84	Accident , M.D 23c 1 Le	ove, held on X Suid	Autopsycide , ALD	Homicide TITLE (SPECIF ASSIST DDRESS 111 CREMATORY	ection X. Under Y) Cant MED Penn	Inquiry termined mo	Thurmonner	DATE SIGN	7- ED 7-	-30-8 1201	\TE

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13 -Friel 7/17/33 Count Autorn Convert Heltimore City, Noter a sens Juneral some sne. 2501 Grynns salls Foy. Baltimore, Md. 21218

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DIVISION OF VITAL RECORDS.

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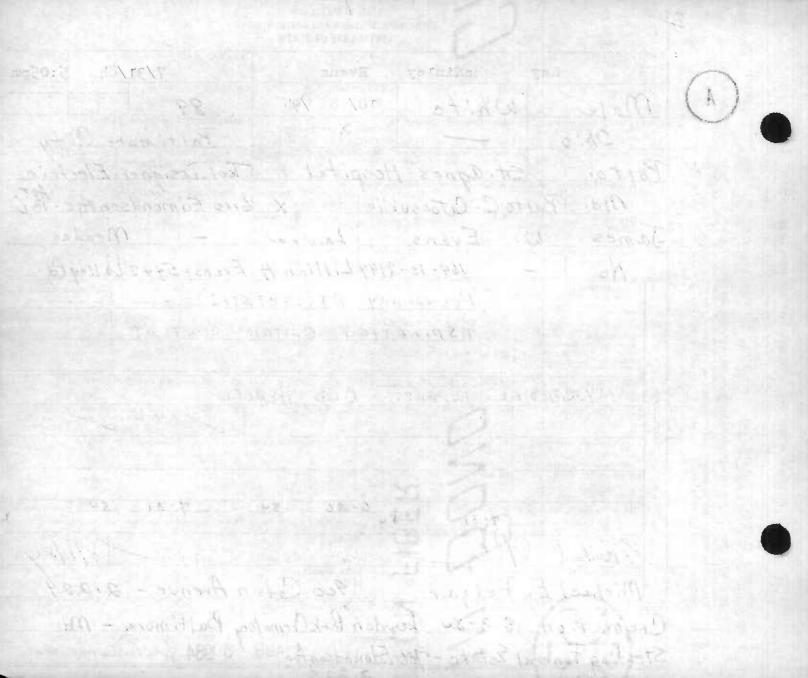
1. D	REGISTRAR ECEASED NAME FIRST	WEDICA	AL EXAMINER'S	LAST CERTIFICATE C	REO. INC.	ONTH DAY YEAR 76
	JOSE	Mich	ael *	Enst Ernst	OF ESTI-	7 419 84
3 SI		5. DATE OF BIRTH	& AGE (IN YEARS IF U	INDER 1 YR. IF UNDER	24 HRS. 2t. DATE MO	NTH DAY YEAR 26
	Male White	Oct. 7,192	2 61 YRS.	THS DAYS HOURS	MIN. PRONOUNCED DEAD	7 4 19 84 7
7a	BIRTHPLACE (STATE OR OREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT CO	MARI	RIED INEVER MARR		
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME, OR OT		120 USUAL OCCUPATION (TYPE OF W	
1	Baltimore	(IF NOT IN SUCH FACILITY, G	BUE STREET ADDRESS!		Office Manger	Balto. C
13a.	STATE Md . 136. COU	OR OTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION) CITY OR TOWN ALTIMORE	13d. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 4801 Morello Ro	oad 2/2/1
14.	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDI		LAST
	Austin	E	rnst	Nell:	Le	Coyne
160	WAS DECEASED EVER IN U.S. A	E WAR OR DATES)	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
			15-12-8326	Joseph	M Ernst Jr. 4801	
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one couse per line for (a		a annai are-	anilar dias-as	APPROXIMATE IN BETWEEN ONSET AP
		ATE CAUSE (o) AL C	CONSEQUENCE OF	c Cardiovas	scular disease	
	Conditions, if ony, which		CONSEQUENCE OF			
	gove rise to immediate cause (a) stating the under		CONSEQUENCE F			
	lying couse lost.					S 150
	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PA	RT 1 (a).	
NO						
S S	19a. DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
CERTIFICATION						YES 🗌
		HOUR A.M. MOR		HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART)	OR PART 2)
MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	19	OCATION		
MED		STREET, FACTORY, FA		STREET	CITY OR TOWN	COUNTY
	AT WORK AT WORK				ďů.	
	22a I certify that I to the	ge of the emains described	obove, held on Auto	ppsy laspectio	Inquiry , ond in a	my opinion
	death resulted from	and course X 7 ages	nt . / Suicide .	, Hamicide	Undetermined monner .	
1	ACTUAL V	nda V) 8	W. St.	TITLE (SPECIFY)	· · · · ·	DATE 7/4/04
4	SIGNATURE	anon 10	- hand	M.D. Deputy Cr	nietedical examiner s	OATE 7/4/84
	EXAMINER'S NAME (TYPE OR PRINT) Th	nomas D. Smit	h, M.D.	_ADDRESS111	PennnSt. Balto.,	,MD.
	(TIPE OK PRINT)		3c NAME OF CEMETERY		734 LOCATION	
230.	BURIAL, CREMATION, REMOVAL	23b. DATE	ISC NAME OF CEMETERY	OK CREMATORT	CITY OR TOWN	COUNTY STATE
	BURIAL CREMATION, REMOVAL (SPECIFY) Burial	7-7-1984	New Cathed	iral	Baltimore, Md.	COUNTY STAT
	BURIAL, CREMATION, REMOVAL	7-7-1984		iral	CITY OR TOWN	COUNTY STAT R'S SIGNATURE

Lording Company THE CONTROL OF THE PARTY OF THE - glageti - 111co in it was a second of the seco Labelett . Ruck. Inc. 3509 Januari 1964 . Fill F. 1984 . Stock and Advisor Peters FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1	-	FOR STATE REGISTRA
_	PR 40	

220.1 certify that

226. SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.				
a. DATE OF DEATH MONTH	DAY	YEAR	2b. HOL	JR 7
JULY 30, 198	4		12	:15
AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
26 VBS	MONTHS	DAYS	HOURS	MIN.

22c. DATE SIGNED 30

DECEASED NAME	FIRST	,	WIDDLE .	L/A	131		Za. DAI	COPDEATH	MONTH	DAI	TEAR	ZB. HOU	/K 7
(TYPE OR PRINT)	JOHN		Eļvin	EY	LER	Jr.	JU	LY 30	, 19	84		12	:15
SEX		4. RACE		5. DATE O	F BIRTH		6. AGE	I IN YEARS LAST	BIRTHDAY)	IF UND	ER I YEAR	IF UNDER	24 HRS
Male		White		MONTH	, DA	Y YEAR				MONTHS	DAYS	HOURS	MIN.
, , , , , , , , , , , , , , , , , , ,		MILLOC		June	24	1958	26		YRS	5.			
	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	Division		9 BALT	MORE CITY	OR COUN	ITY OF D	EATH		
COUNTRY)	2000					ER MARRIED	1 14	ALTIM	ODE	CTMS	7		
ettysbur	g Pa.	U.S.A	1 .	WIDOWE		DIVORCED [] ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TITI	OKE	CTTI	-		MD
O. CITY OR TOWN OF D	EATH	11. NAME OF H	HOSPITAL, NURSIN	G HOME O	R OTHER I	NSTITUTION		JAL OCCUP			KINDO	F BUSINE	SS OR
D 7 T TT 1401	Э П	(IF NOT IN SUC	H EACILITY, GIVE STREET	DDRESS)	TTOO	DTMAT		WORK FOR MOS					
BALTIMO	RE /	THE JO	OHNS HOP	KINS	HUS	PITAL	Tro	oper	Mary	laho	1 St	ate	Po
JOUAL RESIDENCE IN NI													
30. STATE	134 COU	NTY	13c. CITY OR TOW			E CITY LIMITS?		ET ADDRES					
Maryland	Car	roll	Westmir	ster	YES	NO 📑	261	Lepp	o Rd	· M	211	57	
I. FATHER'S NAME					15 MOTH	ER'S MAIDEN	IAME						
FIRST		MIDDLE	LAST		-	FIRST	_	MIDDLE			LAS	T	
John	Elv	in	Eyler		Dor	`a	Lee			Ho	off		
60 WAS DECEASED EV			166. SOCIAL SECU	RITY NO.	17 INFOR	RMANT		ADI	DRESS				
(YES, NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)		-0	900		12779	_			114 -		
No.			220-50-	. 3824	llet	orah F	137	IPT S	AMA	25	£7 3		

U	ohn Elv	in	Eyler	Dora	Lee	1	ioff
	VAS DECEASED EVER IN U.S. A		166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
N		VE WAR OR DATES)	220-50-3825	Deborah R.	Eyler sa	me as	#13
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly ane cause per ED BY: TE CAUSE (a)	line farta), (b), and (c).)	Arrest			BETWEEN ONSET AND DEATH
	Canditions, if any, which	DUE TO, OI	RAS CONSEQUENCE OF ,	n and Acid	osis		11 hours
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI	RASA CONSEQUENCE OF	pratom Duty	en Undros	ne	Bhoup
TION	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	THE LEWISMING	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN	IN PART 1(a)
< <	19a DATE OF OPERATION	19b COND	TION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY2		ERE FINDINGS USED G CAUSES OF DEATH?
CAL CERTIFIC	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER, NOTIFY MEDICAL EXAMINE	AIR I	M. MONTH DAY YEAR	21c HOW INJURY OCCUR			
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO		COUNTY STATE

DEGREE

ATTENDING

PHYSICIAN

r use as the burial-transit permit. 18 show MPORTANT

BP.

22d. PHYSICIAN'S 23b. DATE

DIRECTOR PHYSICIAN 22e. ADDRESS 600 BALTO. MD. 21205 Val LOCATION
CITY OR TOWN
Westminster

MEDICAL

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23c NAME OF CEMETERY OR CREMATORY

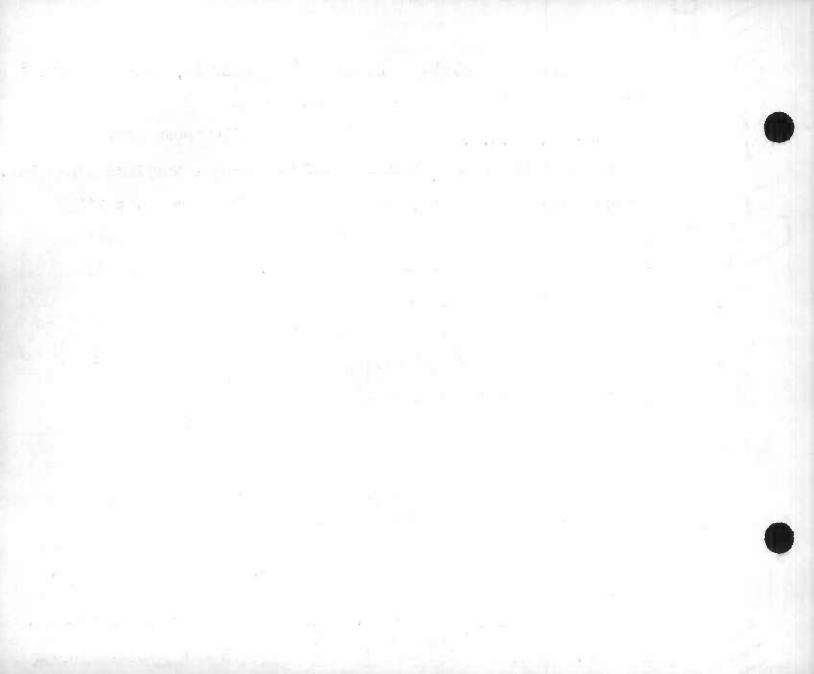
Carroll

aur) apinion death accurred an the date and have and from the causes stated

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Thomas Fletcher

(this haspital) attended the deceased fram



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

,	IENE.					
	REG. NO.					
	20. DATE OF DEATH M	ONTH	DAY	YEAR	2b. HO	JR
		7	2	84	5	
î	6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDE	RIYEAR	IF UNDER	2.
)	104	YRS.	MONTHS	DAYS	HOURS	
	9. BALTIMORE CITY OR	COUNT	Y OF DE	ATH :	1.00	Ī
	BATTIM	RE	(7.7	U	

WIDOWED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MARRIED NEVER MARRIED

120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

12h KIND OF BUSINESS OR

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOUAKE NUKSIAL

DIVORCED

13e_STREET ADDRESS 40 NO F

15 MOTHER'S MAIDEN NAME FIRST

MIDDLE

LAST

16b. SOCIAL SECURITY NO

13A TIMBRE

17 INFORMANT

ADDRESS

(YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying cause lost.

VAhri

MARYIAnd

RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE FEORE ADMISSION

MIDDLE

136 COUNTY

FOR - STATE

TYPE OR PRINT

3. SEX

130. STATE

4. FATHER'S NAME

REGISTRAR I. DECEASED NAME

-cmale TO BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

1ARY/And

FIRST

MIDDLE

7b. CITIZEN OF WHAT COUNTRY?

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

INSUFFICIENCY

NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

19e DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY

78h IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY

19

211 LOCATION

22e ADDRESS

STREET

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

.. that (we) lost

STATE

27a I certify that (this haspital) attended the deceased from sow the deceased alive an_

. and that in (my) opinion death occurred on the date and hour and from the causes stated

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

CITY OF TOWN

22c DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

NOT WHILE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

COUNTY

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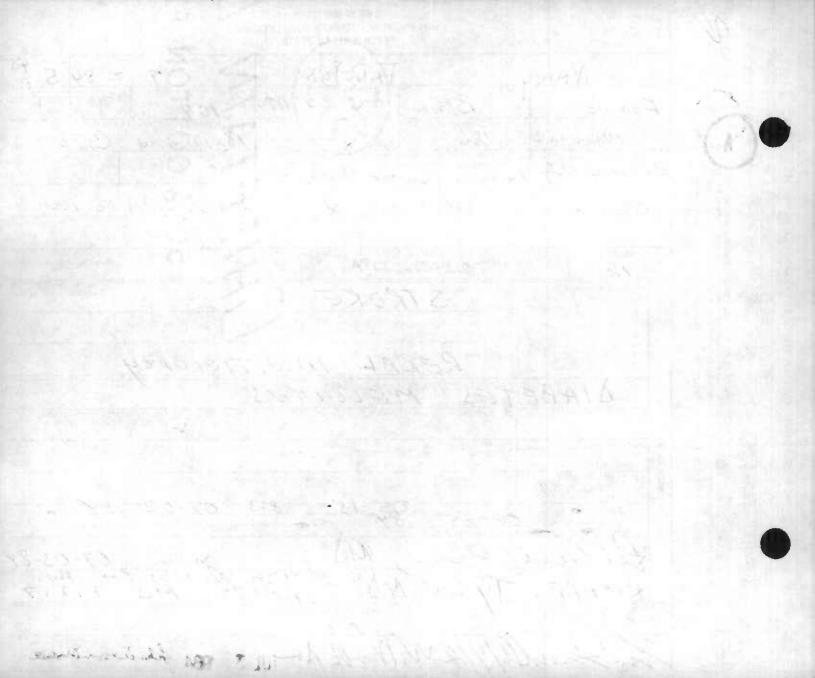
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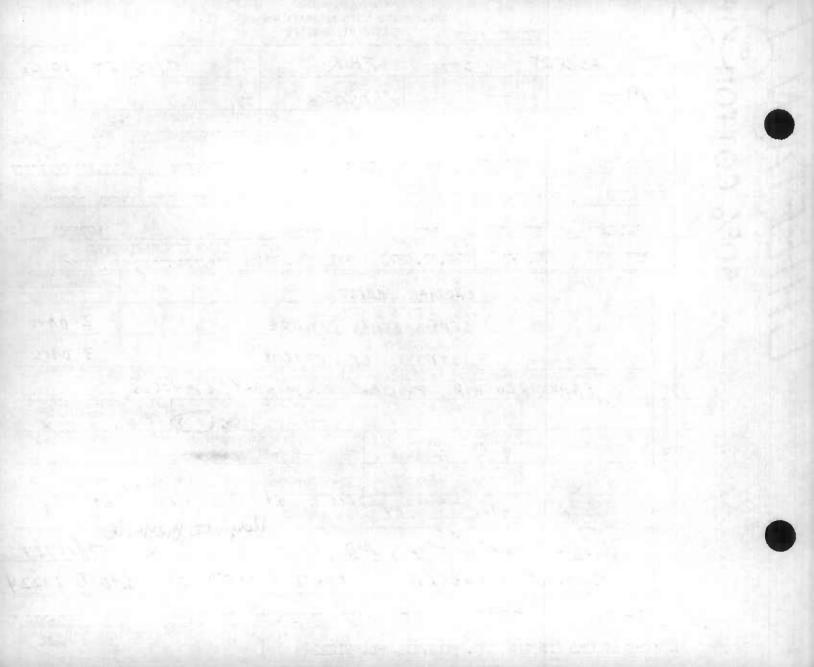
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74. PUNERANDIRECTOR (VRA 15, 4)

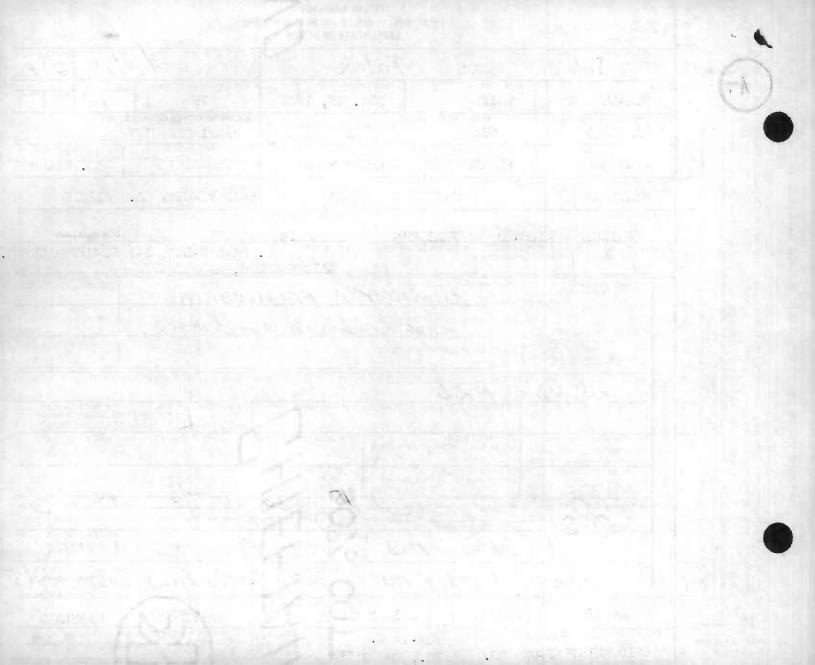
CERTIFICATION

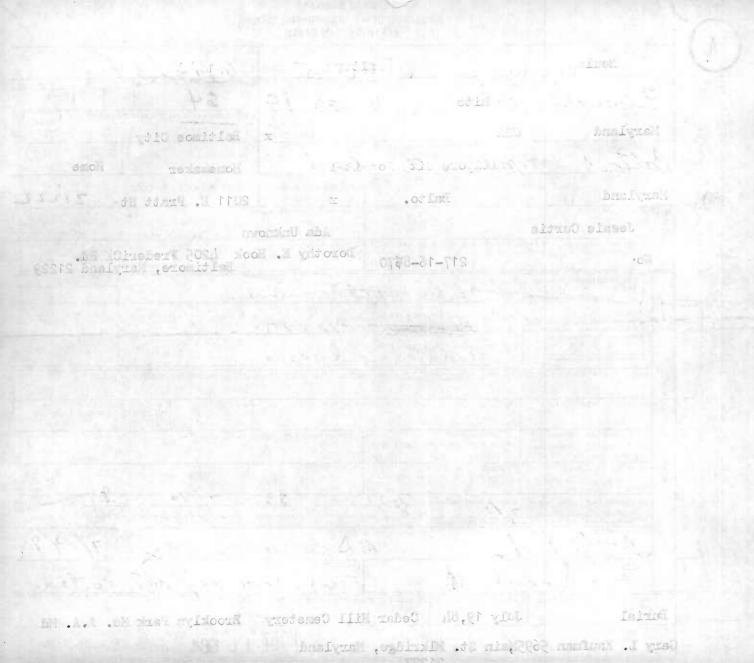
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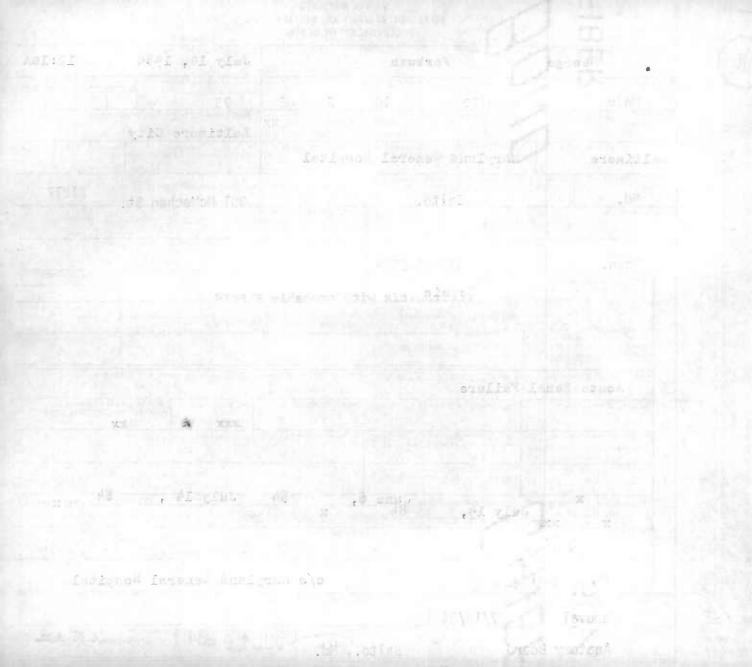




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME TYPE OR PRINT lvia SARAH 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 34 HRS 4. RACE # LINDER 1 YEAR DEC. 29, 1908 FEMALE WHITE 75 BALTIMORE CITY OR COUNTY OF DEATH 78. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED . NEVER MARRIED MARYLAND USA BALTIMORE CITY WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH MED. RECORDS TECHNICIAN PIMLICO MANOR NURSING HOME BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION MARY LAND 13b. COUNTY 13d. INSIDE CITY LIMITS? 13 BALTIMORE 6619 VINCENT LA. #21215 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST UNKNOWN PHILLIP RICHARD FRETDMAN FANNIE MR. PAUL FALCK 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 541 SUMMIT HALL RD. (IF YES, GIVE WAR OR DATES (YES, NO OR UNKNOWN) GAITHERSBURG, MD 20877 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES T NO 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 In ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) this haspital) attended the and that in my (our) opinion death occurred on the date and hour and from the causes stated (flid) (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL 7/2/84 DIRECTOR | PHYSICIAN MPORTANT should be 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL 7/4/84 BALTIMORE CHIZUK AMUNO MARYLAND 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 4/B2 6010 REISTERSTOWN RD. BALTO, MD 21215 (VRA 15, 4)







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ARTMENT	0	F HE	AL	TH	AND	MENT	AL	HYGI

IENE 🖔 DEP

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH DAY YEAR DECEASED NAME MONTH 2b. HOUR HELEN - -ELIZABETH FARRELL IF UNDER I YEAR 4 RACE. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5. DATE OF BIRTH MONTH DAYS 18 FEMALE WHITE 04 08 66 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHDI ACFA ISLATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED City MARYLAND WIDOWED DIVORCED [10 CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE BON SECOURS CLERK * HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION CITY OR TOWN 13, STORET ADDRESS / TIP CODE 13a. STATE 13b. COUNTY 113d. INSIDE CITY LIMITS? BALTIMORE MARYLAND ARBUTUS. 979 REGINA 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE IAST -JOHN P HARBAUGH ELIZABETH NICHOLS **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFC ANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) NO PATRICK 220-14-9609 FARRELL 959 CIRCLE DR APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CIE FITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED The PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a. | certify that (1) (this hospital) attended the deceased from saw the deceosed alive on above, (1) (we) (dd) did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MPORTANT: pinous 0 23a BURIAL CREMATION REMOVAL (SPECIFY) BURIAL

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CERTIFICATION

3 SEX

DHMH - 16 50M 4/B3 (VRA 15, 4)

07-17-84

23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

STATE

24 FUNERAL DIRECTOR

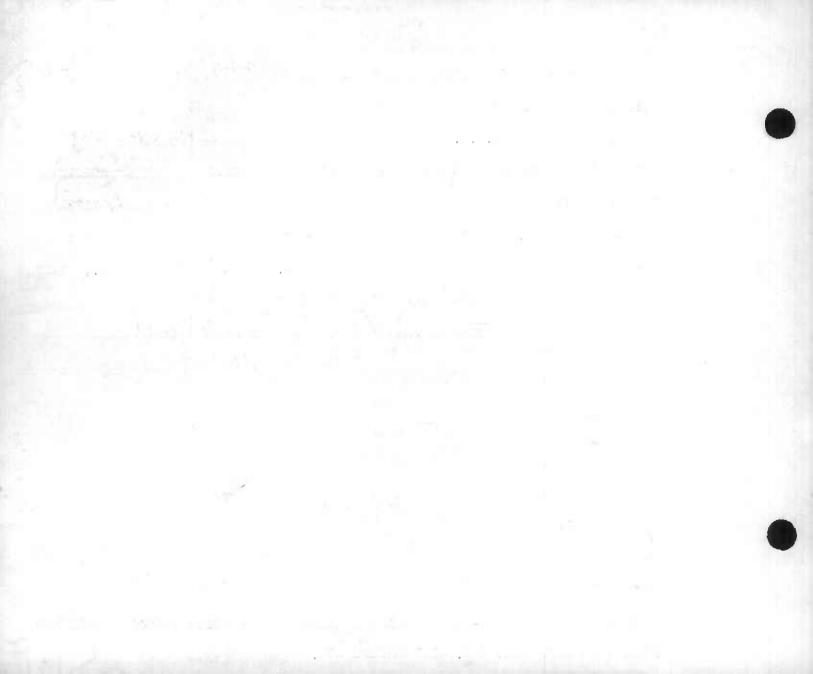
NEW CATHEDRAL

BALTIMORE CITY 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYIAND

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE



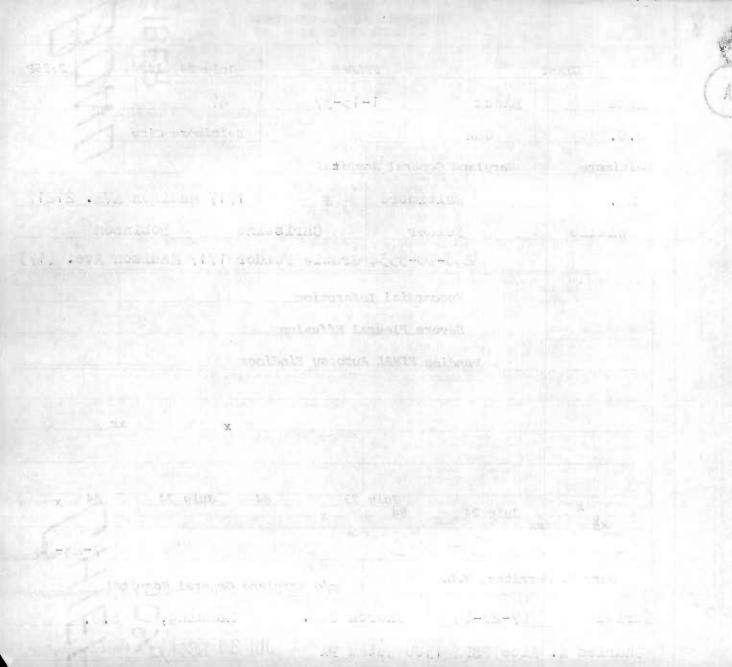
STATE OF MARYLAND

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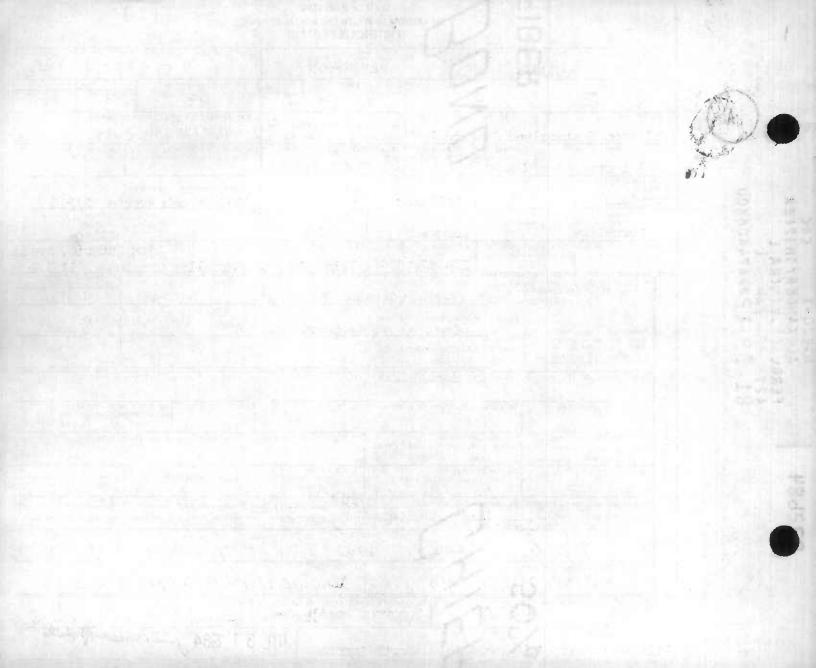
		FOR 1 - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	
s 2		REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) PAUL	MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR 7 12 84 23
A Con)	3. SEX	4. RACE 5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
TZ Control	83	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED WIDOWED DIVORCED WIDOWED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTI NO NE CITY
s other de by the fun	De la company	10. CITY OR TOWN OF DEATH BATIMERE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS) LUTHER AN HOSPITAL	126. USUAL OCCUPATION 126. KIND OF BUSINESS (TYPE OF MORF FOR MOST OF WORKING LIFE) INDUSTRY
24 hour filled in I evild be f	25	USUAL RESIDENCE (IF NURSING HOME 136 STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO NO	130 STREET ADDRESS PUIASKIZIZI
ed within impletely and 2 sh	No speciment	14 FATHER'S NAME	HENRY LAST BESSLIK	ME TROVER WISON
be execut	medicol	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT GIVE WAR OR DATES) 218-01-4896 INFORMANT	1e P. FRUNTLEROY - CA
ed by the	njury, ar other traumatic		DUE TO, OR AS A CONSEQUENCE OF (b) PULL MONARY DUE TO, OR AS A CONSEQUENCE OF (c) IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 110
be law re on. has beer t permit. ene prior	shows ony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO
SICIAN: ng physic certifica ririal-tran	Hem 18	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 216. IN JURY OCCURED	DEATH HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
NG Protein Affer the as the Ith and	marked ar	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STAI
ATTENI Spitol CTOR: d for us	em 21 is n	saw the deceased alive	spirot) official the deceased fram	death occurred on the date and hour and from the causes state
AL O AL D AL Distriction	# # #	22d PHYSICIAN'S NAM	MATTENDING PHYSICIAN [MEDICAL STAFF 117-011
9 3 500				
TO HOSPITAL retained by th TO FUNERAL should be det	IMPORTANT	Jos. 230 BURIAL, CREMATION, REMOV	AL 236 DAJE / 236 NAME OF CEMETERY OR CREMATORY	Recan Hopelel

AND THE RESERVE WAS AND ADDRESS OF THE PARTY
(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH I. DECEASED NAME 7b HOUR CERGUSON (TYPE OR PRINT) 05 VINORA IF UNDER TYEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX B MONTH YEAR 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Barliston Westmorland Jamaica BWI WIDOWED 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 13a. STATE 113b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore 4007 Wabash Avenue 21215 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Cornelius Ferguson Alva Wallace ADDRESS Ajax Ontario, Canada 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 220-92-0596 NO Elaine Grav 69 Carnellev Cresten T.1T1R9 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY cerebro vascular IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Chronic muelogenous Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF NO | 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AI WORK 22m. | certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN MPORTANT. 224 PHYSICIAN'S NAME THE CHIPMEN 22e ADDRESS UNIV OF MARYLAND CANCER shoul with t 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 8/5/84 BURTAL Ferguson Family Cem. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 William C March F/H Inc. 1101 E North Avenue (VRA 15, 4)



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

IF UNDER I YEAR

INDUSTRY

21229

COUNTY

COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

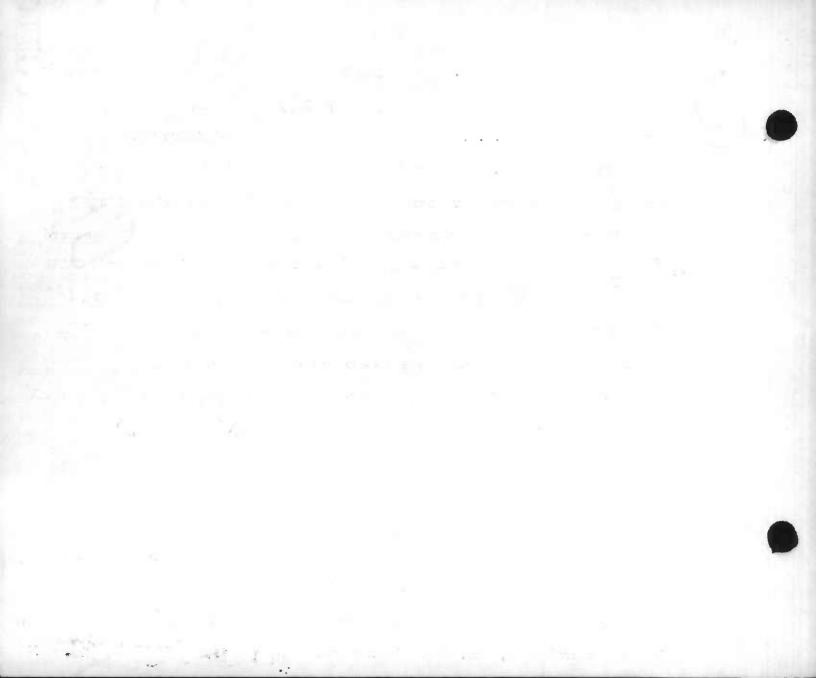
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STATE

Maryland

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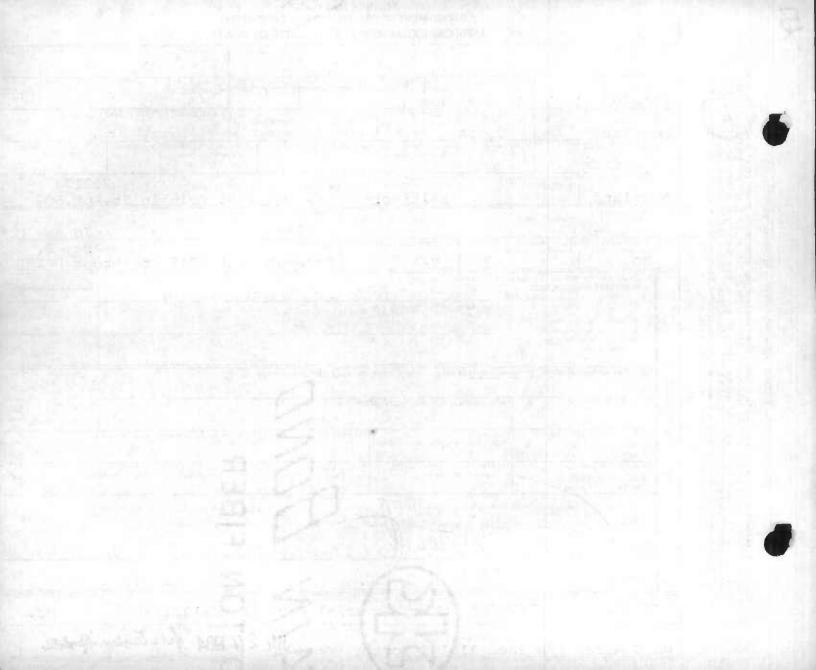


Walter Brooks Bradley Inc. Dundalk, MD 21222

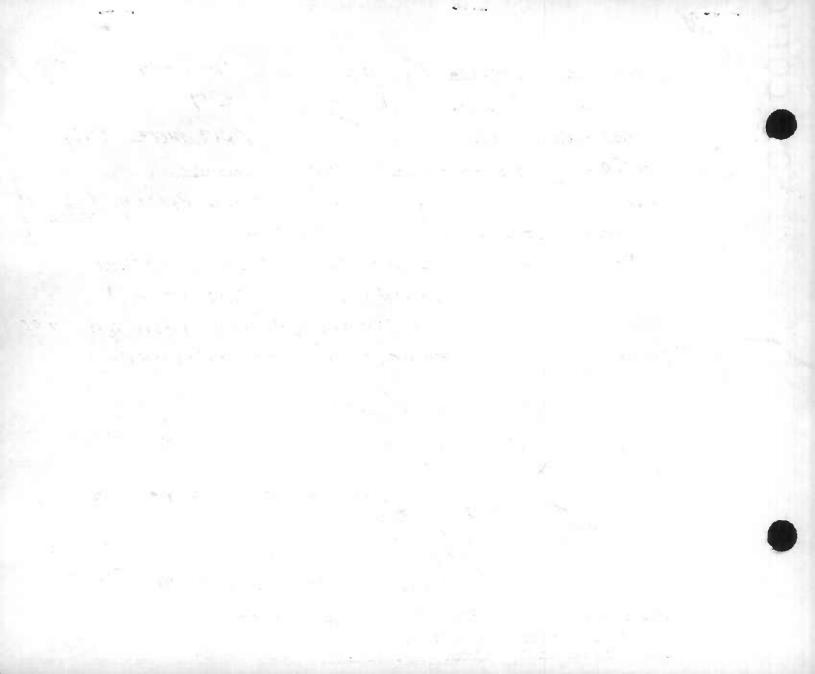
DHMH - 16 50M 4/B2 (VRA 15. 4)

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	1-	FOR STATE REGISTRAR					MENT OF						REG.	NO.	2		
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S S S S S S S S S S S S S S S S S S S	3. SEX	emale	Black	5. DATE OF MONTH	BIRTH DAY	YEAR 13	6. AGE (IN YE LAST BIRTHD	ARS IF UI	DER 1 YR.		24 HRS.	PRONOUI DE AL	NCED	MONI	H DAY		24 HOUR 4:26 P M
35	Ma	RTHPLACE ISTA	d	76. CITIZEN	S.A	AT COUNT		2		EVER MARR	ED 🗆	Bal	timo	re Ci	inty of	DEATH	MD.
35		TY OR TOWN C Baltim	ore	(IF NOT II	01 D	olphi	SING HOM REET ADDRESS) .ne St	reet	IER INSTITI	UTION	12a USI FOR	JAL OCCU	PATION (TYPE OF WOR	12b. K	IND OF BU OR INDUSTR	SINESS RY
	13a. ST	arylan	IF IN NURSING HOME 13b. COUN		UTION, GIVE	13c. CITY	OR TOWN		YES X		50			n S	212 t.Ap	17 t.80	4
00		ATHER'S NAME	EVED BY 11 C	MIDDLE	_		AST	V.110		FIRST MAID	ENNAME	٨	ADDLE			ones	
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HEATH AND MENTAL HYGIENE, D. AL, CREMATION, OR REMOVAL.	NO	gave rise couse (a) s lying cous	s, if any, which to immediote stating the <u>under- le lost</u> . NIFICANT CONDITIONS	DUE (c	TO, OR A		SEQUENCE ED 10 THE TERM		E OR CONDITI	ON GIVEN IN PA	RT 1 a).						
2 /	CERTIFICATION	19a DATE OF					VHICH OPER	ATION W	AS PERFO	RMED?					20	AUTOPSY?	№ [Х]
3	MEDICAL CER		OR IG CAUSE OF	DEATH HO	P.M.	MONTH	19	2		Y OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEM	18 PART 1 O	RPART 2)		
	MED	21d. INJURY OF WHILE AT WORK	NOT WHILE			F INJURY RY, FARM, ET			CATION			CITY OR TO	IWN		COUNTY		STATE
BALTIMORE, MARYLAND, 21201 PRIOR TO BU		death results ACTUAL SIGNATURE	d from 1 Natu	ge of the rem ral couses E	D	La Sur		Autop	Ham TITLE (Inspection Inspec	Undet	Inquiry ermined m	anner	and in my], DA'		7/26/	84
ALIIMO		EXAMINER'S N (TYPE OR PRIN			as D		th, M		ADDRESS.			St.	Balt	to.,M	D.		
(63	T	BURIAL	ION, REMOVAL	7/28/	184		ng Me			Park	Ra	nda1		wn,	OUNTY		ä.
	24 FL	JNERAL DIRECT	OR		ADDRESS					25a. DATE	REC'D. BY	REGISTRA	AR 200 RE	GISTRAR	SSIGNA	TURE	



DIVISION OF VITAL RECORDS, 201

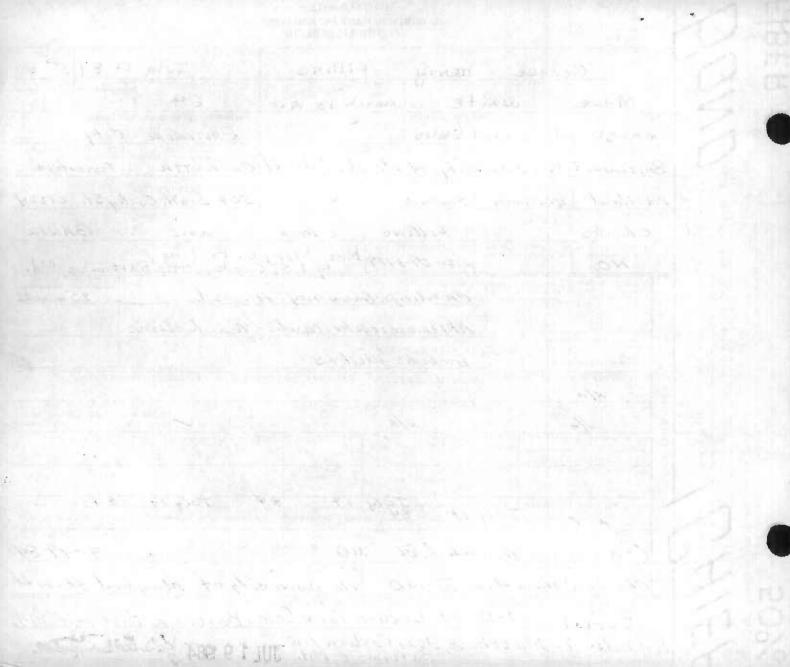


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STATE OF MARYLAND

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(VRA 15, 4)



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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



1	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	9	8004
	ECEASED NAME PE OR PRINT) WILLIAM		LE ĮŠTHMANN	REG. NO. 20. DATE OF DEATH MONTH	21 84 754
A /	NALE	W hite	DATE OF BIRTH MONTH DAY YEAR 3 26 34	6. AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS HOURS A
in 722 in 722	alto, Md	pa wis hid	MARRIED NEVER MARRIED VIDOWED DIVORCED	Baltimore city or coun	ity
by the filed w	Balto. md/	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD RESIDENCE	Home	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	(12b. KIND OF BUSINESS INDUSTRY Education
Pall M	aryland Balt	TY 13c. CITY OR TOWN TOWSON	13d. INSIDE CITY LIMITS? YES ☐ NO 🌁	13. STREET ADDRESS 14 Airway Cir	rcle 21204
ond 2 Ond 2	William Ernes	eischmanne	Arma	Louise	Batema
	WAS DECEASED EVER IN U.S. ARM (YES, NORUNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECURITY 2/3-32-	7 NO 17 INFORMANT Richard C. Fl	eischmann 129	Cinder Rd. 210
n signed by the attending the please remove corbinate burial, cremation, ar injury, ar other traumatic	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO DEA	CE OF SILVE		GIVEN IN PART 110
permit. ne prior nws ony	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY 206. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
s certification wented are them I	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21b. PLACE OF INJURY	YEAR 19 21t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)
After this of the cost of the	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspite	(AT HOME, STREET, FACTORY, OFFICE, FARM		CITY OR TOWN	COUNTY STAT
nached for us Dept. of He H hem 21 is	saw the deceased alive on_	eview the body after death.	and that in (my) (per) apinian d DEGREE ATTENDING	MEDICAL STAFF	, . ,
should be det with the State IMPORTANT:	22d. PHYSICIAN'S NAME THE OR	BUEN MO	700 W 4	10th Street	21211
O £ 5 5		100 0 100			
O £ 5 5	Burial, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY rraine Park	23d LOCATION Baltimore REC'D. BY REGISTRAR 25b. REG	COUNTY Maryland

the first and the second of a substitute of the the Contract of the Contract o

11-	STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF D	BATH REG. NO.	3003)
173	PECEASED NAME	FIRST	MIDDLE	FLEMMING	OF ESTI-	MONTH DAY YEAR	26. HOUR
A PROFESSION OF THE PROFESSION	JAMES 4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MON	INUS) UNDER 1 YR. IF UNDER 24 F NTHS DAYS HOURS MIN	HRS. 2c. DATE M	7-17-8419 ONTH DAY YEAR	2d HOUR PM 12:14
) 10. C	RTHPLACE (STATE OR DREIGN COUNTRY) Irginia ITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOME, OR OT	RIED XXNEVER MARRIED WED DIVORCED THER INSTITUTION 12a.	9 BALTIMORE CITY OF C	e City	MD
13a. M	aryland 13b	G HOME OR OTHER INSTITUTION, GI COUNTY	arlem Avenue veresidence Before Admission) 13. CITY OR TOWN Baltimore	YES NO 1	STREET ADDRESS 015 Harlem A	Ave21217	
200	John	WIDDLE	Flemming	15. MOTHER'S MAIDEN N FIRST Anna		LAST	
VISION	WAS DECEASED EVER IN YES, NO. OR UNKNOWN) (IF	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. 213-09-3019	Elizabeth	ADDRESS Flemming 101	5 Harlem	Ave
REMATION, OR REMO	Conditions, if ony, gave rise to imm cause (o) stating the lying cause lost. PART 2 OTHER SIGNIFICANT CO.	which mediate a under- (b) DUE TO, OR	ÀS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE/	ASE OR CONDITION GIVEN IN PART 1 10	1).		
AENT OF HEALTH OBURIAL, CREA	196. DATE OF OPERATIO		ION FOR WHICH OPERATION			20 AUTOPSY?	NO X
SHOUI PARTA RIOR 1	21a, EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAU 21d. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK	HOUR A.M	MONTH DAY YEAR	HOW INJURY OCCURRED (EI OCATION STREET	NTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)	STATE
AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	27s. I certify that I too death resulted from ACTUAL SIGNATURE EXAMINER'S NAME	Hotorge at the remains dev	Accident Described and Auto Suicide Described an	Homicide	ndetermined monner .	DATE 7-18-	84
	(TYPE OR PRINT) URIAL, CREMATION, REMO SPECIFY) BURIAL UNERAL DIRECTOR NAME	OVAL 236. DATE 7 / 23 / 84	23c NAME OF CEMETERY C	OR CREMATORY 23 Cemetery	d LOCATION CITY OR TOWN Anne Arunde 1 D. BY REGISTRAR [25b. REGISTR.	AR'S SIGNATURE	ATE Md.
		F/H Inc. 11	01 E North A	venue m	8 1984 Juna Dan	viden-Hardell	•



1				STATE OF MARYLA			2 0	0 6
	1 -	FOR STATE	DEPAR	TMENT OF HEALTH AND M CERTIFICATE OF D			0 0	0
		REGISTRAR		tast.		REG. NO.	DAY YEAR	2b. HOUR
. e.e		EASED NAME FIRST	WIDDLE		26. DAIL		Car	I AM
moy be page 3		OLIVIA		+ LOYD	1.465	07	13 84 IF UNDER I YEAR	IF UNDER 24 MRS.
	3. SEX		RACE	S. DATE OF BIRTH	YEAR	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
Poge 4 director	-	EMALE	DLACK	10 21	000	OO YR		
	7a. BII	THPLACE (STATE OF FOREIGN 7	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER M	ARRIED BALTI	MORE CITY OR COU	NTY OF DEATH	
de ch	1	Llorgia_	U.S.		ORCED 3	ALTIMOR		MD.
T	10. CI	Y OR TOWN OF DEATH	 NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 	SING HOME OF OTHER INST	ITUTION 12a. USU	JAL OCCUPATION WAS FOR MOST OF WORKIN	IZIL KIND O INDUSTRY	F BUSINESS OR
5 5 5	K	ALTIMORE 1		ARYLAND HE	OSPITAL TO	use	1102	mtal
212 hour	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF C TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION) OWN 13d. INSIDE CI	TY LIMITS? 113. STRE	ET ADDRESS / ZIP C	ODE 1 21	2/5
See all the	M	D BALT			NO 316	05 DERB	Y MAN	OR
erely 2 sh	14. F.	THER'S NAME	WDI: LAST	15. NOTHER'S	MAIDEN NAME	WIDDIE	Tille	nan
MAR ed		Daniel	Mears	0	lina	WIDDIE	14	12 5
- 0	16a V	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMAL	NI	ADDRESS	2 / 2	nn
MORE, e execu n and co Poges a	5.	(IF YES, GIVE	214 - 2	12-7889 Thom	as Hoya	3705	Derby 14	and Ko.
ALTI		18 CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b),	and (c).)	1		APPROX	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED	E CAUSE (0) CARDIO		4 HARE	ST		
on no or r		IMMEDIAII	E CAOSE (O)					
estor death attendi ove coi		Conditions, if any, which	DUE TO, OR AS A CONSEC		ARCINON	nA		
the deather the atternance cemation, er traum		gave rise to immediate						
W. Sery the other		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	QUENCE OF				
0 0 0 0		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED	TO THE TERMINAL DIS	EASE OR CONDITION	GIVEN IN PART II	0
	Z	NONE						
been been mit. I prior	ATIC	190 DATE OF OPERATION	19b. CONDITION FOR WH	CH OPERATION WAS PERFO	RMED 200 A	AUTOPSY? 206. IF	YES, WERE FINDI	VGS USED
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir the this certificate has been signost the burial-transit permit. Then the and Mental Hygiene prior to be orked or Item 18 shows any injur	CERTIFICATION	Nave			YES	IN NOW INCE	RTIFYING CAUSES	NO
ON OF VITAL RE ON OF VITAL RE IVSICIAN: The lo ding physicion. is certificate has burial-transit per Mental Hygiene The Tall Shows	ERT	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW IN	JURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEA	(18 PART OR PART 2)	
SICIAN: ng physi certifical rical-fram ental Hya		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR				
PHYSICIA this certif he burial-ind Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211. LOCATIO	N			
VISIC G PH G PH orthi ond ked o	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC) STREET		CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (I) (This hospit	tal) attended the deceased fro	7/10	10 84 10	7/13	1084	that (I) (we) last
			-17		(our) opinion death occ	curred on the date and	hour and from the	
F 6 6 6 6		sow the deceased live on above, (I) (we (did) (did not 27b SIGNATURE	t) view the body after death.	DEGREE			22c DATE	S/GNED /
0 4 0 4 0 7		odilus.	11 Vanh	11 A	TTENDING MEDI		1 71	13/81
PITAL by th ERAL Store deta	1	724 PHYSICIAN'S NAME (TYPE OF	DIPPINITI	22° ADDRES		TOR PHYSICIAN	1 //	12/0/
P He by	-	N=200 6	A WARMAN	MD TONG	V LACH	LAN CIRC	Ba.	- 71732
erained by 11 TO FUNERAL should be det with the State		Debien F	In DICTTORY	1/007	A Prich	OCATION	ce, MAC	1,012.71
	73a. E	URIAL, CREMATION, REMOVAL	23b. DATE	NAME OF CEMETERY OR	REMATOR 238. L	CITY OR TOWN	3 pointy	STATE
BP	24 5	Dunal	1-20-87	Lastrew 11	250 DATE DEC'D	BY REGISTE ADITIONE	GISTRAP'S SIGNIA	CLIP!
DHMH - 16 50M 4/83	1	INERAL DIRECTOR	ADDRE	06617138	JUL 3	1 1984 Fish	a Davidson	Randelle .
(VRA 15, 4)		of how - for	uglass 1012	fun pore.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 May

etained by the haspital or attending physician.

BP_______ DHMH - 16 50M 4/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compiletely tilled in by the should be detached for use as the burial-transit permit. Then please remove corbangapers. Pages Land 2 whould be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR		DED A DE MI		OF MARYLAND	TEMP 65		1 5	1 0	0 7
1 -	STATE				EALTH AND MENTAL HYC ICATE OF DEATH			3 0		
DEC	REGISTRAR CEASED NAME FIRST	AAI	IDDLE	LA	AST	2a. DATE OF DE.	EG. NO.	TH DAY	YEAR .	26 HOUR
	OR PRINTI		4 ,		055	N. DAIL OF BE	07	7.2	84	950 6
3. SEX	X	4. RACE		5. DATE O	_	6. AGE (IN YEARS	LAST BIRTHDA	Y) IF U	NDER 1 YEAR	IF UNDER 24 HOURS A
b	Female	White		MONTH	14 9°G		85	YRS.		HOURS
a. BIF	RTHPLACE (STATE OR FOREIGN COUNTRY) land	76. CITIZEN OF W	VHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED	9. BALTIMORE O	CITY OR CO		DEATH	
B	Salture /			HOME O	General	12a USUAL OCC (TYPE OF WORK FOR Housew	MOST OF WO		126 KIND (INDUSTRY	OF BUSINESS
130 S	AL RESIDENCE (IF NURSING HOME OF STATE 13b/ COU		Baltimor	4	13d. INSIDE CITY LIMITS?	130 STREET ADD 404 Old	RESS / ZII	r cope erside	Rd.	21225
1	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		IDDIE		1A	ST .
	ouis	DUED FORCES?	Evans 166 SOCIAL SECUR	OLA VIII	Elizabeth	1	ADDRESS	A	dams	
(Y		GIVE WAR OR DATES)	160 SOCIAL SECUR	CITTINO.	17. INFORMANT Daugh				10 1	
	no				Delores Impa	illaria	(San	ne as		XIMATE INTERVA
	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause lost.	(b) <u>1</u>	AS A CONSEQUEN		ngorarded	Intare	FON			
ATION	gave rise ta immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR (c) (CONDITIONS CO	AS A CONSEQUEN	NCE OF	/		R CONDITI	ON GIVEN	ÆRE FINDI	INGS USED
IFICATION	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR (c) (CONDITIONS CO	AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TER/	MINAL DISEASE O	R CONDITI	ON GIVEN	ERE FINDI	INGS USED
AL CERTIFICATION	gave rise ta immediate cause (a), stating the underlying cause last: PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DUE TO, OR (c) CONDITIONS CO 196 CONDITIONS 198 CONDITIONS HOUR A.A.	AS A CONSEQUENTRIBUTING TO DE	NCE OF	NOT RELATED TO THE TER/	NINAL DISEASE O	R CONDITI	ON GIVEN Ib. IF YES, W I CERTIFYIN YES [/ERE FINDI	INGS USED S OF DEATH?
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WEDICAL WEDICAL	gove rise ta immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE TO AUSE OF DETERMINE TO AUST OF THE CONTRIBUTION OF CONTRIBUTION OF CAUSE OF THE CONTRIBUTION OF THE	(b) DUE TO, OR (c) CONDITIONS CO 19b CONDITIONS C	AS A CONSEQUENTRIBUTING TO DISTRIBUTING TO DIS	OPERATION Y YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUP 21l. LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS	20a AUTOPS: YES N PRED (ENTER NATURE deoth occurred o MEDICAL DIRECTOR 1 23d LOCATIK CITY OR 1	R CONDITI	ON GIVEN Ib. IF YES, W. I CERTIFYIN YES [ITEM 18 PART	COUNTY	STAI

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH

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-1		REGISTRAR				CEN.III				REG.	NO.				
1		EASED NAME	FIRST	-	MIDDLE	Į.	AST	- 1	20 DATE	OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
1	(TYPE (OR PRINT)	RUTH		·	FC	REMAN				07	3/	84	53	9 AM
-1	3. SEX		4	RACE		5. DATE C	DAY	VEAR	6. AGE (II	N YEARS LAST I	BIRTHDAY	MONTH	DER I YEAR	IF UNDE	R 24 HRS
	1	Female		White		Mar	. 28,	1911		73	YRS	5			
А		CTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF		TRY? 8.	D NEVER	MARRIED 🛣	9 BALTIM	ORE CITY	OR COUN	ITY OF [DEATH		
5	1	MD		US		WIDOWE	D [NORCED [TIMOF					MD.
1		IY OR TOWN OF DE BALTIMORE	1	UNION	MEMOR.	IAL HOSE		STITUTION	(TYPE OF W	COCCUPA ORK FOR MOST	T OF WORKING	GLIFE) IN	E KIND O DUSTRY Barm		Stry
2	13a. S	L RESIDENCE IF HUI TATE MD	Balt	Y	136. CITY OR		13d. INSIDE	CITY LIMITS?		ADDRESS			212	34	
-6	IA FA	THER'S NAME	Daic		1 Carl	VILLO		'S MAIDEN NA		-1 01	COLIV	, uy		0 +	
7	7	Charles		DOLE FO	premar			Maude		MIDDLE		_/Ur	nknov		
5		AS DECEASED EVE			166 SOCIALS	SECURITY NO.	17 INFORM	ANT		ADD	RESS				
4	March (Y)	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)			Mrs	. Anna	М.	Denn	istor), E	alto	, 1	ND
	NO	Conditions, if on gove rise to in couse (0), stot underlying cous	nmediate ing the se last	DUE TO, O (b) DUE TO, O	r as a consi	EQUENCE OF	YOCARI	FAILU DIAL I	NFA			GIVEN I	V PART lie		
2	CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERF	ORMED	20a AU	TOPSY?			RE FINDING CAUSES		TH?
7	MEDICAL CERT	21a ACCIDENT WAS U OR CONTRIBUTING (HE EITHER, NOTHEY ME 21d INJURY OCCU WHILE AT WORK 22a certify that (sow the decobove, (1) (wo) 27b. SIGNATURE 22d. PHYSICIAN'S 1	CAUSE OF DEAT DIC AL EXAMINER) RRED VHILE OR I) (his hospite of did (did not) NAME (TYPE OR	P. P. 21e PLACE (AT HOME ST VIEW the body)	M. MONTH M. OF INJURY REET FACTORY OF	am 7/	211 LOCAT STRE	ATTENDING PHYSICIAN	death accur	city OR	date and		COUNTY 84	that (IC	
		GAIL RE	EDMAN,	M.D.			UNIC	ON MEMOR	RIAL H	OSPII	AL				
		SURIAL, CREMATION SPECIFY) Buria		23b. DATE 8/2/8		23c NAME OF C	EMETERY OF	CREMATORY	0	CATION IIY OR TOWN Baltii	more	co	UNIY	MD	STATE

DHMH - 16 50M 4/83

MPORTANT: # Item 21 is should be detached

74 FUNERAL DIRECTO Henry W. Jenkins Sons Co. 21212 (VRA 15, 4) Balto., MD 4905 York Road

JUL 3 1 1984

A THE TY AND A THE

(VRA 15, 4) 1/79

item 16b correction film G-59 TATE OF MARYLAND

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STATE OF MARYLAND

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DED A DTMENT	0	2	ME	81	TM	AMI	MENT

LAST

5. DATE OF BIRTH

FOSTER

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH' AND MENTAL HYGIENE CERTIFICATE OF DEATH

OTAY

MARRIED NEVER MARRIED

0 1	B		-40		*
REG. NO.					
20. DATE OF DEATH MONTH	DAY	,	EAR	26. HOL)R
JULY	02	2 1	98	8	PA
6. AGE (IN YEARS LAST BIRTHDAY)	IF	UNDER	1 YEAR	IF UNDER	24 HRS
90 _{YRS}		NTHS	DAYS	HOURS	MIN.
BALTIMORE CITY OR COUN			TH		ME
120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE)		IND O	F BUSINI	ESS OR

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE DRIVE NURSING HOME

MIDDLE

NEGRO

Th CITIZEN OF WHAT COUNTRY?

U.S.A.

4 RACE

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

JEANNIE

1893

DIVORCED

MIDDLE

13e.STREET ADDRESS / ZIP CODE

PARKS

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

FOR - STATE

REGISTRAR

NETTIE

TO RETERMENT LATE OF FOREIGN

MARYLAND

10. CITY OR TOWN OF DEATH

FLETCHER

1. DECEASED NAME (TYPE OR PRINT)

COUNTRY

4 FATHER'S NAME

CERTIFICATION

MEDICAL

3 SEX

166 SOCIAL SECURITY NO.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

LAST

CUSTIE

17 INFORMANT

ADDRESS 213-07-5095 Mes BRENDA WASHINGTON 12353

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: days IMMEDIATE CAUSE (a) PNEUMONIA DUE TO, OR AS A CONSEQUENCE OF months (b) STROKE Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF last. HASCVD

underlying cause

190 DATE OF OPERATION

21d. INJURY OCCURRED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS

P.M. 19 21e PLACE OF INJURY

211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

20a AUTOPSY?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

22c DATE SIGNED

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NOT WHILE AT WORK ttended the deceased Iram 6 FEBRUARY 10 81 220.1 certify that (1) the box (1) to 84 and that in (my) XX apinion death accurred an the date and haur and from the causes stated abave, (1) (westedy) (did nat) view the bady after death.

TIII.Y

1084

NO |

224 PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

DEGREE

MEDICAL PHYSICIAN DIRECTOR X PHYSICIAN 02 JULY 84

3640

LANE BALTIMORE 21215

ARTHUR M. LEBSON, M.D. 230. BURIAL CREMATION, REMOVAL 236. DATE

FORDS 23c. NAME OF CEMETERY OR CREMATORY

22h. SIGNATURE

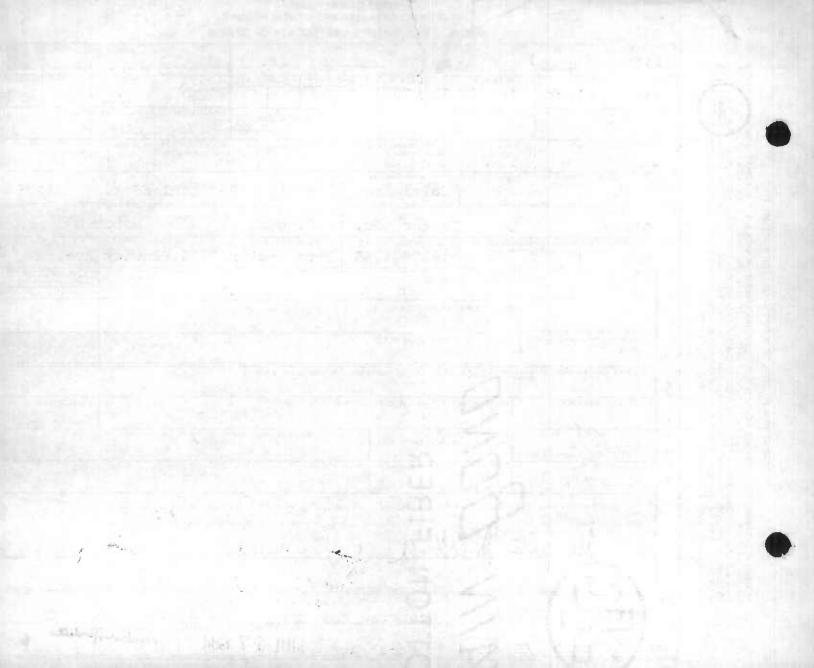
DHMH - 16 50M 4/83 (VRA 15, 4)

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FEBRUARE SEL 16 TROUBERTHE RILLIE 2 Caren Care - Comment of the Hermand William Cally 13 13 Paris Survey of 7-584 MIChard By San Krong or A Allo Mo -14200

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN Ollei Jr. T, ee DEATH MATED X 7/12/84. Foster 4. RACE 23 HOUR SEX S. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2c. 50 THOAY PRONOUNCED 33 Black Male 7/14/8410 PM DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN COUNTY MARRIED NEVER MARRIED USA DIVORCED X Baltimore City WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFET 1734 Ashland Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13.1734 Ashland Ave. 113b. COUNTY 21205 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE T, MIDDLE Holcomb Gladys Foster Sr. 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 2705 Fenwick Ave. 219-28-4755 Etta Foster Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascualr Disease IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES A 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy Homicide . Undetermined manner death resulted fram: Suicide TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7/15/84 EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Margarita A. Korell, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Baltimore Cremation 7/17/84 Co. MD Westview Mem. 24 FUNERAL DIRECTOR **DHMH** - 17 JUL Wm. C. March F/H 1101 E. North Ave. (VR A15 ME (5)) 20M 4/B2



10	1-	FOR STATE REGISTRAR	DEPART	AENT OF HEA	F MARYLAND LTH AND MENTAL H ATE OF DEATH	REG. NO). O.	8 0	3
B			MIDDLE M	TSW/E	R IDTH	20. DATE OF DEATH JUL 6. AGE (IN YEARS LAST BIR	MONTH DAY	1984 UNDER 1 YEAR	2b. HOUR SOPM IF UNDER 24 HRS
ge 4 mrs offi	3. SE	# Female	* RACE	MONTH 2	DAY YEAR	72	YRS.	NTHS DAYS	HOURS MIN.
er deoth. Pog within 72 hou	7a. BI	RTHPLACE (STATE ORFOREIGN SUNTRY) BULTIMINE	7b. CITIZEN OF WHAT COUNTRY?	MARRIED [DIVORCED [9. BALTIMORE CITY O		FDEATH	MD.
os s ofter de by the fur filed with	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IFNOT IN SUCH FACILITY, GIVE STREET MERCY HOSP		OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF WORK FOR WORK F	F WORKING LIFE)	12b. KIND OF INDUSTRY	F BUSINESS OR
AND 212	130, 5	AL RESIDENCE (IF NURSING HOME OF ITATE 13b COULD	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR		d. Inside city limits?	136. STREET ADDRESS	+ 54	and .	21230 more
MARYLA ed within mpletely and 2 sh		HERBERT	MIDDLE BLAST LE		MYRTLE	WIDDLE		JOHA	150m
BALTIMORE, cote be executed to specification and coppers. Pages 1 vol. t, the medical t, the medical to the specification to the specif	16a. V	VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV		RITY NO. 17	Ms. Hollis	Seymour Bal	ss 1308 to., M		
201 W. PRESTON ST., es that the death certific ned by the ottending phyloses remove carbon purial, cremation, or remo	NO	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) CATE OF STATE OF ST	ENCE OF		rminal disease or con) A YS
VITAL RECO	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	fall (20a AUTOPSY? YES NO	IN CERTIFY!		
NG PHYSICIAN: The low requirentending physician. Wher this certificate has been signs as the buriol-transit permit. Then thood Mental Hygiene prior to be orked or frem 18 shows any injury	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 2) d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	AY YEAR 19	If, LOCATION	URRED (ENTER NATURE OF INJU		T 1 OR PART 2}	CTAYE
HOSPITAL OR ATTEND ined by the hospital or FUNERAL DIRECTOR: A sold be detached for use th the State Dept. of Heal	WE	while Not while 220.1 certify that (1) (this hasp saw the deceased alive or	(AT HOME, STREET, FACTORY, OFFICE,	Start 37, and DE M	GREE	DIRECTOR PHYSIC	ate and haur o	224. DATE S	
Bb		BURIAL, CREMATION, REMOVAI (SPECIFY) Removal	23b. DATE 7/19/84	NAME OF CEM	ETERY OR CREMATOR	CITY OR TOWN		COUNTY	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	NAME Anatomy B	oard ADDRESS	Balto	., Md. 25a. I	JUL 1 9 1984	Juna Da	udson-	fandelle.

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	DEPARTM	ENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYG	IENE		REG. N	10.	State of the second	8	o i	d.
P	AIDDLE	L/	AST		2a. DATE	OF DE.	ATH	MONTH	DAY	YEAR	2b HO	UR
	RUTH	FOX	WELL.					7	6	84	4:	45 %
		5. DATE O	F BIRTH		6. AGE	IN YEARS	LAST BI	RTHDAY)	_	INDER TYEA		R 24 HRS
ľE		AUG	. 4 189	4		89)	YR:	MON	THS DAY	S HOURS	MIN.
OF '	WHAT COUNTRY?	8	□ NEVER MA	RRIED X	9 BALTI	MORE (CITY	OR COUN	ITY OF	DEATH		
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	OSPITAL, NURSIN		R OTHER INSTIT	UTION	12a USU	AL OCC	UPAT				OF BUSIN	ESS OR
	HEACILITY, GIVE STREET A		тат.			NOV		OF WORKING	5 L(FE)	INDUSTR B	ÄNKI	NG
	GIVE RESIDENCE BEFORE	ADMISSION)						_				
	BALTIMO		13d. INSIDE CITY	LIMITS?	13e STREE	3 I	RESS ELM	íora	ZA A	7E.	2121	3
			15. MOTHER'S M	AAIDEN NA/	ME							
	FOXWEL	L	ELLE		M	IDDLE			UN	ŔNOW	N	
S?	166. SOCIAL SECU	RITY NO.	Г			1778	ESSWH	ITE	EPLA	INS	CT.	
5)	216-14-	1254	BETTY	FOND	REN	(FI	RÍI	END)	SEV	ERN	A PA	
per	line for (a), (b), and					,				BETWEE	DXIMATE IN	D DEATH

	F	FEMALE		WHITE		AUG	. 4 1894	89	YRS.			
1	7a. BIF	RTHPLACE (STATE OR FO	REIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
),		MD.		US		WIDOWE	D DIVORCED	BALTIMORE	CITY			MD.
	10. C1	TY OR TOWN OF DEAT	TH 1		HOSPITAL, NURSING		OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF				
See 1	BA	LTIMORE		UNION	MEMORIAL	HOSP	ITAL	UNKNOWN	11 - 12 12	BAN	IKING	
5		AL RESIDENCE (# NURSIN TATE MD.	ISB. COUN'		GIVE RESIDENCE BEFORE 136. CITY OR TOWN BALTIMO	N	13d. INSIDE CITY LIMITS?	3203 ELM	ZIP CODE ORA AV	/E. 21	L213	
	I4 FA	THER'S NAME		IDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST		
	ii.	WILLIA			FOXWEL	L	ESTELLE	Model		UNKN	10MN	
		(AS DECEASED EVER II		AED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		SSWHITI			
		NO	(# 165, 0146	WAR OR DATES!	216-14-	1254	BETTY FOND	REN (FRIE	ND) SE	/ERNA	PARK	
		II CAUSE OF DEATH	(Enter only	y one couse per	line for (a), (b), and	l (c) (APPROXIMA BETWEEN ON	ATE IN AFRICAL.	垂 6
		PART I. DEATH WA		BY. CAUSE (a)	rad	DOW	Imman a	mest			med.	
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		Conditions, if any,	which	(b)	Drobe		metastatic (ancer tro	(unknam	-		
		gove rise to imme		DUE TO O	R AS A CONSEQUE	NCE OF		71				
		underlying couse	lost	(c)	(AS A CONSCOOL	1402 01						
		PART 2 OTHER SIGN	IFICANT CO		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110		
	20											
2	CERTIFICATION	19a DATE OF OPERATI	ON	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY2		VERE FINDING		
	E	_			-			YES NOTE	YES [NO [
5	E E	21a. ACCIDENT WAS UNDE		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
7	MEDICAL	OR CONTRIBUTING CA		P.		19						
-	ED I	21d. INJURY OCCURR	ED	21e. PLACE	OF INJURY	APAA FIC \	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
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		22a I certify that (I) (this hospite	_		Ju.		toJuly	5, 19.		nat (I) (we) l	
		sow the deceased above, (1) (we) (di			LV 6 19	84_, or	nd that in (my) (our) opinion o	deoth occurred on the do	ite and hour or	nd from the co	ouses stated	
		226 SIGNATURE	2	11		1.4	DEGREE			220 DATE ST	IGNED	
		2MS6	in 8	n U	mans,	/N.	PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		7/6	184	
		22 d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	1/152 101	10 100	22e ADDRESS	· / Han T	214	in 111	D 2 =	218
		SUS	MM	10 De	YEUNYAN	3, 11	Union Memon	W 1183 b. D	altimo	TE / I'M	0 01	TI O

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT: If He

3331 Brehms Lane

FOR - STATE REGISTRAR I DECEASED NAME

(TYPE OR PRINT)

3. SEX

FIRST

4 RACE

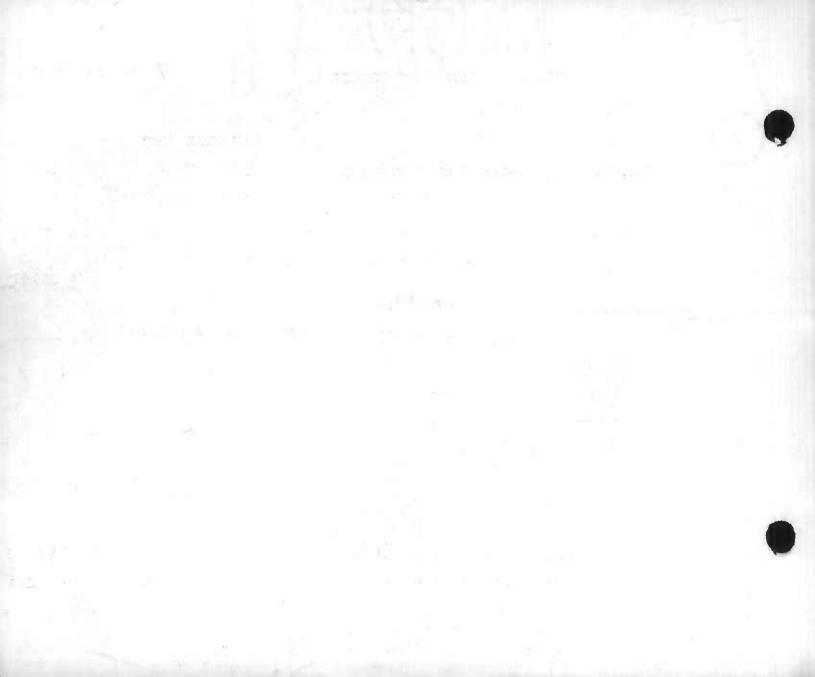
EMMA

236. NAME OF CEMETERY OF CREMATORY LOUDON PARK

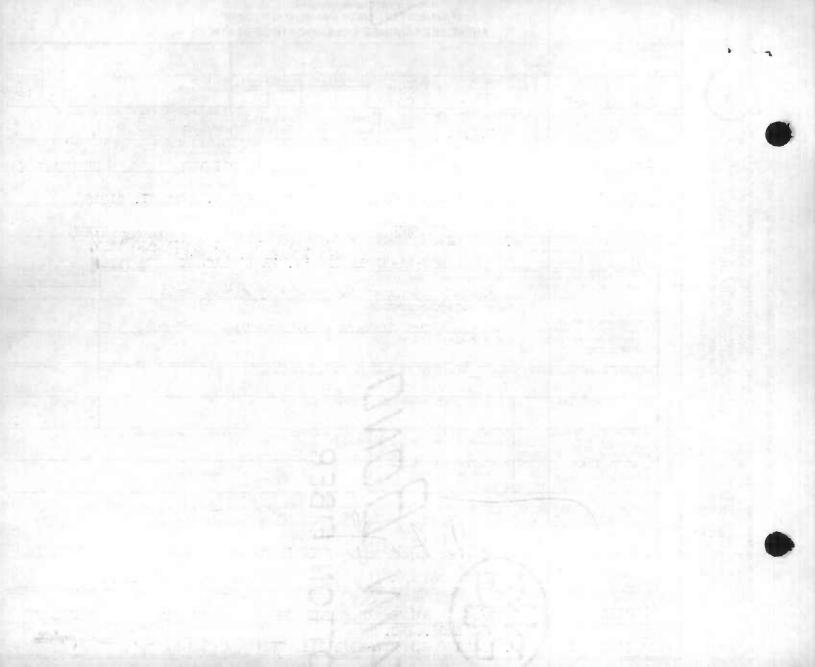
BALTIMORE

MD .STATE

230 BURIAL, CREMATION, REMOVAL DURIAL 7/9/84 HOME, INC. 24 FUNERAL DIRECTION OF THE PARTY OF THE PAR ABalto. Md. 21213 Jul 13 184 June Landon Mark



						OF MARYLA					ed.		
1	FOR - STATE			DEPART	Ö	0	3						
	REGIST		WEI		EXAMINE	C'S CERTIF	ICATE OF D	Meo.					
	DECEASEI (TYPE OR PRIN			MIDDLE		LAST		20. DATE KNOWN	DAY YEAR	26 HO			
		Adolp	h			Franke	el	DEATH MATED	16 19 84				
3.	SEX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR	R. IF UNDER 24 H		MONTH	DAY YEAR	2d. HOL		
	MALI	WHITE		1898	86 YRS.	MONINS DATS	HOURS MIN	DEAD	7	16 19 84	5:35		
70		ACE (STATE OR	76. CITIZEN OF WE	AT COUN	TRY? 8.	MARRIED 1	VEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH			
		ERMANY	U.S.	Α.		VIDOWED X	DIVORCED	□ Baltimo:	re Cit	У,	M		
10		TOWN OF DEATH	11. NAME OF HOS	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCC						12b. KIND OF BI OR INDUST	USINESS		
	Ba	ltimore	607	E. 38	8th Stre	et		PAINTER		DECORA'			
	SUAL RESI	DENCE (IF IN NURSING HOME O			BEFORE ADMISSION	13d. INS10	STREET ADDRESS						
13		RYLAND			LTIMORE	YES X	07 E. 38th S	T 21	218				
14	. FATHER'	SNAME				15. MOT	HER'S MAIDEN N	AME					
	FIR	JULIUS	MIDDLE		ANKEL		MIDDLE TTA		STARR				
16	a. WAS DE	CEASED EVER IN U.S. AR			CIAL SECURITY N	10. 17 LINE R	HENRIE REMEMBER BURT	AL_&_SOCTAL	100				
	(YES, NO, C		WAR OR DATES)	00	0-12-77	CZOR	TCHARD A	FRIEDLANDF	2120				
=		AUSE OF DEATH (Enter on	ly and source per line			11A 9 0	V. MULBER	ey ST.	2121	APPROXIMAT	TE INTERVAL		
			,		1	tive pu	lmonara	disease and		BETWEEN ONS	ET AND DEATH		
ı		IMMEDIA				cive pu.	Inonary C	itsease and					
		conditions, if any, which	which WEYS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
		ave rise to immediate											
		ouse (a) stoting the <u>under</u> - ying couse lost.	DUE TO, OR	AS A CON	SEQUENCE OF								
		,	(c)										
		OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELA	ATED TO THE TERMINA	L OISEASE OR CONOIT	TION GIVEN IN PART 1	0 4.					
1	19a. D												
3	3 19a. D	ATE OF OPERATION	196. CONDIT	TION FOR	WHICH OPERAT	ION WAS PERFO	ORMED?			20. AUTOPSY	1?		
										YES 🗆	NO [X		
	21a. E	XTERNAL CAUSE WAS	216 TIME OF HOUR A.M		DAY YEAR	21c. HOW INJU	RY OCCURRED (E	NTER NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	RT 2)			
	ZId. IN WHIL	ERLYING OR TRIBUTING CAUSE OF I	DEATH P.M		19								
	21d. IN	NJURY OCCURRED	ZIe PLACE C	OF INJURY		III LOCATION		CITY OR TOWN	COU		STATE		
	₹ WHIL	CORK NOT WHILE D	3	CONT. FROME, E	T. J.	STATE OF THE PARTY		CITORIOWN	COU	INIT	SIAIE		
				_	Towns or the	(1)		, Inquiry X					
		a. I certify that I took charg	V	cribed abo		Autopsy L.J.	Inspection L		and in my op	inion			
	deat	th resulted ram Adu	COUSES C.	Acadent	Suici	11		ndetermined manner	1.				
	ACTU	IAI I	/-	11	4.15		(SPECIFY)	-	DATE	7/47	101		
1		ATURE A	Quas	N,	MIN	M.D. Der	outy Chie	TEDICAL EXAMINER	SIGNE	_D 7/17	/84		
	EXAM	INER'S NAME Th	omas D. S	mi+h	MD		111 D	on Ct Dali	to MD				
	(TYPE	OR PRINT)	olias D. S.	mitul,	M.D.	ADDRESS	2		to.,MD	•			
23	CSPECIEYL	CREMATION, REMOVAL 2				TERY OR CREMA		Id. LOCATION CITY OR TOWN	COUN		STATE		
	BU	JRIAL	7/17/84	1	BALTIMO	E HEBRE		BALTIMORE		MARYL			
2	4. FUNERA	L DIRECTOR SOL LI	EVINSON &	BROS	.,INC.		25a. DATE REC	BY REGISTRAR 256 RE	GISTRAR'S S	71	00.		
		REISTERSTOWN				ND 2121	5 -	12 91 14 9 9 4 4	ia Davida	The state of the s	OF SERVICE SER		



TEX	1		STATE OF MARYLAND		0 1 6
1	11.	FOR DEPARTM	ENT OF HEALTH AND MENTAL HYG	HENE & 4	001
		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
m.c		EASED NAME FIRST MIDDLE	TO A DIE O Jr.		YEAR 26. HOUR
		ROMAN	FRATIER		9 81197
	3. SE	Ad O RACE RICAL	5. DATE OF BIRTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 H
1		Male Black	July 17 1920	GTY YRS.	05.05.4711
1	/o. B	THELACE ISTAIR ORFOREIGN 76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Baltimore City or County	CA
1	10.0	YORTOWN OF DEATH 11. NAME OF HOSPITAL, NURSING	WIDOWED DIVORCED DIVORCED	120. USUAL OCCUPATION	126 KIND OF BUSINESS
#4	T	(IF NOT IN SUCH FACILITY, GIVE STREET AI		(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
5 7 %	USU	L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	(DMISSION)	PETTRE	FORT MEADE
13/	130.	I36 COUNTY I36 CITY OR TOWN	A 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	R ANE/2121
-	14. F	THER'S NAME	15. MOTHER'S MAIDEN NA	ME	NIC -
24	1	ROMAN FRAZIE	R. SR. BLANCHE	WIDDLE	WHITEN
8	16a \	AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR		ADDRESS	11122. 2.201
Del	(YES (IVE WAR OF DATES) 219-0 -	5981 Chart		
¥ .		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DE
event, th		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio	memorary or	rest	
		DUE TO, OR AS A CONSIQUE	NCE OF ON TO	10	
traumatic	-	Canditions, if any, which (16) Ne to 8 to	01/ LY 22	State	
other tr		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUE	NCE OF		
or of		underlying cause last.			
ory, o	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART I (a)
any inju	CERTIFICATION	190 DATE ON OPERATION 196 CONDITION FOR WHICH		20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
ws ony	100	THE CAPPERATION	SPERATION WAS TERFORMED	IN CERTIFY	ING CAUSES OF DEATH
18 shows	- 1	218. ACCIDENT W SUNDERLYING 216. TIME OF MUURY	21c HOW INJURY OCCUR	YES NO YES	
E /		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DA	Y YEAR		
or He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY	211. LOCATION		COUNTY STA
	N N	WHILE NO WHILE AT WORK AT WORK	RM, ETC) STREET	CITY OR TOWN	COUNT
marked			July 12 1984	10 July LD	19 5 that (I) (we
21 is		saw the deceased alive an	and that in (my) (our) opinion	death accurred on the date and hour	and from the causes state
e 2		abave, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE.	DEGREE		22c, DATE SIGNED
2 =			ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	222 Lol 8
Z-		224 PHYSICIAN'S NAME (TYPE OR PRINT)	PHYSICIAN [DIRECTOR PHYSICIALY	100
MPORTANT:		STEVEN J. GARON	SINAI H	osnital	
IMPORTANT: H	230		AME OF CEMETERY OR CREMATORY	23d LOCATION	
		PECIFY)	BUTUS MEMORIAL PAR	CITY OR TOWN	SALTO.) MD
		MATION/BURIAL 7/28/84 AR		TE REC'D. BY REGISTRAR 25b. REGISTR	
A 4/83		LEWIS T. CWYNN 4517 PARK HEI	CMTS AVENUE II	11 24 1984	mason-Muda
5, 4)		LEWIS T. LEWINN ADI/ FARA REL	CHILD VAIMAN Of	, L U	

and Association of DIAM TROT . GOLLED. early is a sould grain was a Lander. aluk da da in a man in the same of the sa ULL. T.O. / FULLAL 7/23/34 ALBUTY ELHOLIC BALTY BALTY (BALTY) D. Louis 1. (1) in 45:7 rate holding availed at the

	1 1	FOR			DEPART	MENT OF H	HEALTH AND MENTAL HY	GIENE O		1 0	
_	'	REGISTRAR				CERTIF	FICATE OF DEATH		REG. NO.		
		CEASED NAME	FIRST		WIDDIE	1	LAST	20 DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
pap			Anna		Bertina		reeman	1050		/1984	^
198	3. SE			4. RACE		5. DATE C	OF BIRTH H DAY YEAR	6. AGE (IN YE	ARS LAST BIRTHDAY}	MONTHS DA	
1	1	Female			lack	7/	02/ 1920	64	YRS		
100	1	RTHPLACE (STATE ORI	FOREIGN		WHAT COUNTRY	MARRIE	D NEVER MARRIED		RE CITY OR COUN		
100		aryland ITY OR TOWN OF DEA	ATH		S. A.	WIDOWE	DIVORCED DIVORCED	Balti	more Cit		O OF BUSINESS OR
144	/	Baltimore		(IF NOT IN SU	CH FACILITY, GIVE STREET	ET ADDRESS)		(TYPE OF WORK	FOR MOST OF WORKING	G LIFE) INDUST	
2 / /	USU	AL RESIDENCE (IF NURS	SING HOME OR	OTHER INSTITUTION	n Memoria	RE ADMISSION	pital	Salesp			Florist
12/	9	Maryland	136 COUN	ITY	Baltimo		13d INSIDE CITY LIMITS?	13e STREET A	DDRESS / ZIP CO	020 W	. 43Rd St
-		ATHER'S NAME	1			ore	15. MOTHER'S MAIDEN N		more, Ma	ryrand	21212
権の		Frank		H.	Steway	et	Lula		WIDDIE	m-	sker
100		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMANT	1	623 Rashbi	urton S	treet
1		YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	220-24-3	3345	Gwendolyn Re				and 21216
1		18 CAUSE OF DEAT	H (Enter onl	ly one couse pe	r line for (a), (b), a	and (c),1	A . A			APP BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
other troumotics		Conditions, if ony, gove rise to imm cause (a), statin underlying couse	mediote ng the	DUE TO, O	Sudden R AS A CONSEQUE R AS A CONSEQUE	VIDSCLA			Physicia		
<u>-</u>	FICATION	gove rise to imm cause (a), statin	, which mediote ng the lost.	DUE TO, O (b) DUE TO, O (c) CONDITIONS C	OR AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF UENCE OF DEATH BUT	whic Country	tus	OR CONDITION C	YES, WERE FIN	
s shows ony injury, or other froumotic	ERTIFICATION	gove rise to imm cause (a), statin underlying couse PART 2. OTHER SIGN	, which mediate ng the lost. NIFICANT C	DUE TO, O (c) DUE TO, O (c) ONDITIONS C	OR AS A CONSEQUENT ON TRIBUTING TO	UENCE OF UENCE OF DEATH BUT	whe Cardes a fell will de NOT RELATED TO THE TER.	MINAL DISEASE 200 AUTO	OR CONDITION C	YES, WERE FIN RTIFYING CAUS YES []	DINGS USED ES OF DEATH?
A A A STOWN ON THUS Y, OF OTHER PROMODILE.	AL CERTIFICATION	gove rise to imm couse (0), stalin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA. 21a, ACCIDENT WAS UNIT OR CONTRIBUTING CONTRIBUTING COURTS	, which mediate ng the lost. NIFICANT C	DUE TO, O (c) DUE TO, O (c) ONDITIONS C 196 COND 216. TIME C HOUR A	OR AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF UENCE OF DEATH BUT	whi Cardin a fell multit	MINAL DISEASE 200 AUTO	OR CONDITION C	YES, WERE FIN RTIFYING CAUS YES []	DINGS USED ES OF DEATH?
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partian Carrenan Ibl new 27/31/1984 tore, . rv n illi ern H. Stepri T-sierr 1623 strington street 721-24-3365 Grondolan Reader Bultimore, Caryland Mills Erlei 6/6/196 Chiirore Mational Cas. Bailisors, Warpland Sutter cone 200 Samms vils sarkey Fineral cone in . Beldigger, viriand 2020 AND STORY SULLANDS

With promitted 21519gA event stream 8582 x - brownisted ---- brainwait THE CONTRACTOR OF THE .bil. www.fified pasterbyl.ec. A. . 121-00-111 IIIcovial 7-3-347 New Har Area Cenetary Usings Alle, Nel Steamer, No. Habres Marorial Maneral Rose Marcatalague. Will 9 The friends landfacte.

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requires that the deoth certificate be executed within 24 hours after deoth

OR ATTENDING PHYSICIAN, The low

TO HOSPITAL

retained by the hospital ar attending physician.

TO FLINERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be discussed to the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 haurs after death, with the faint Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II hem 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical expanse must be notified at ance.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

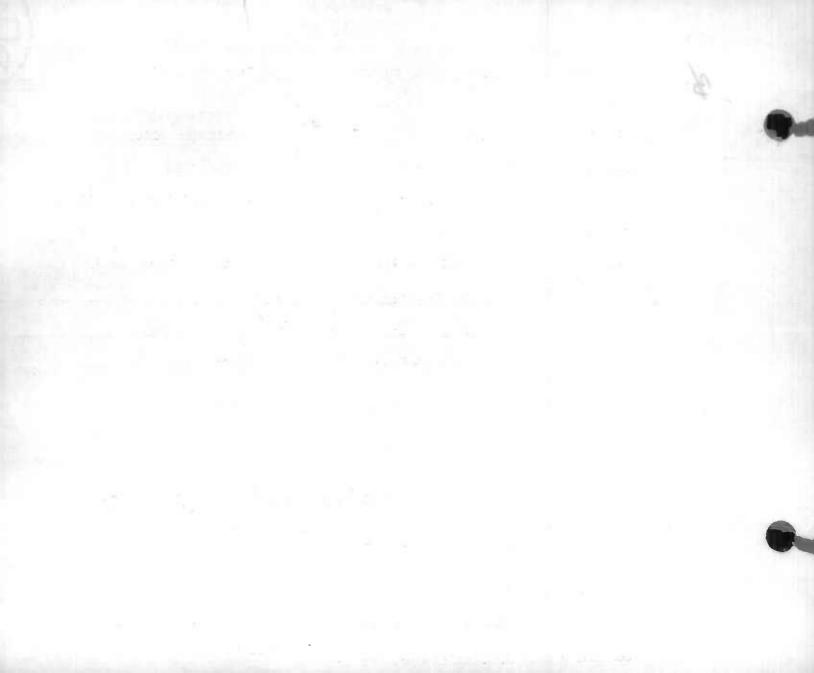
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ŧ.	- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	10		
	ECEASED NAME FIRST	A	NIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
(Tyl	PE OR PRINT) Marie	Anne	3	Fuga	ate	July 18,	1984		м
3. S	EX	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White		Apr	il 24,1915	69	YRS	MONINS DAYS	HOURS MIN,
7o. I	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	ED T NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH	
1	Maryland	U.S.	A.	WIDOW		Baltimo	re Cit	:y	MD.
10. 0	CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCI	IOSPITAL, NURSIN H FACILITY, GIVE STREET WOODTING	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWI	OF WORKING LI		F BUSINESS OR
130.	UAL RESIDENCE (IF NURSING HOME O . STATE 13b. COU Maryland	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	'N	13d. INSIDE CITY LIMITS? YES MO	13e.STREET ADDRESS 3138 Wood	/ZIP CODI ring Z	lve 21	234
14. 1	FATHER'S NAME Joseph	MIDDLE	Hej^{last}		15. MOTHER'S MAIDEN NAME ANNA	WE WIDDLE		LASI	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	ESS		
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	212-07-	-8781	Mr James E	Fugate	Same	As 13e	
NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	(b) DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE CONSEQUE CONTRIBUTING TO	ENCE OF	Heart Po	lug Jule MINAL DISEASE OR COM	NDITION GIV	VEN IN PART 1(c	3,
CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTI	s, were findin Fying causes es	
		HOUR A.	M. MONTH D	AY YEAR		RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, I	FARM ETC }	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22a.1 certify that (I) (this hasp saw the deceased alive o above, (I) (we) (did) (did)	n .	19_	, 0	and that in (my) (our) apinion	death occurred on the	date and ha	ur and from the	
	226 SIGNATURE	eorge	Kork	w	DEGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗌	22c. DATE 7/1	SIGNED 18/84
	22d. PHYSICIAN'S NAME GYPE Feorge N		M . D .		1576 Nerrit	tt Blvd. B	altimo	ore, Mar	yland
23a	BURIAL, CREMATION, REMOVA			NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	7/21/	84	Holu	Redeemer		ore 1		7
24	FUNERAL DIRECTOR		ADDRESS		25a DAT	TE REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	URE
	Toomand T De		ADDKESS		J	UL 1 9 1984	Juna	Navacen-	Vandes!

DHMH - 16 50M 4/83 (VRA 15, 4)

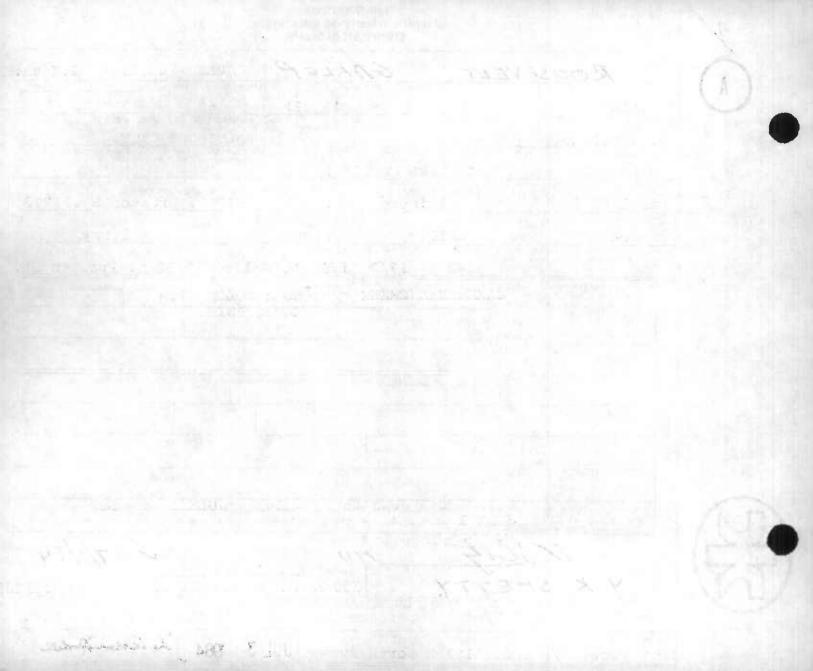
Leonard J Ruck Inc. Baltimore

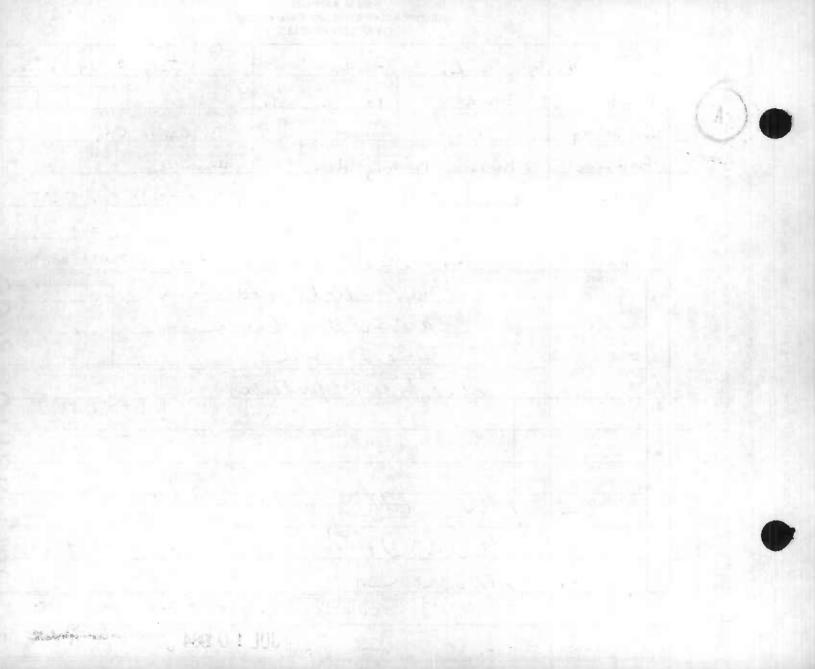
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10 JUL 8 B JUL

(VRA 15, 4)



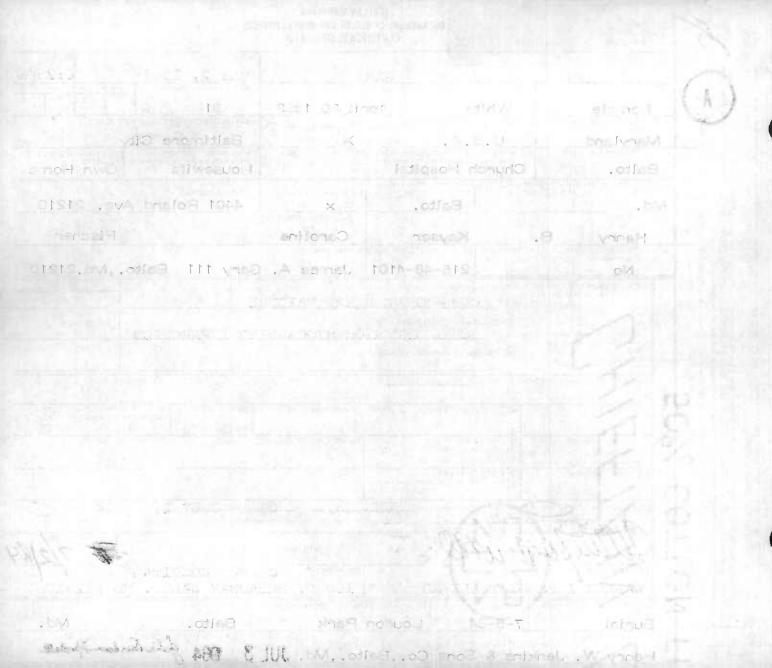


1	b	FOR			DEPA		ATE OF MAR' FHEALTH AN	YLAND D MENTAL HYG	IENE 8-4		8 5	2 5
1	1-	STATE REGISTRAR					IFICATE O			6. NO.		
X		CEASED NAME	FIRST		WIDDLE		LAST		20 DATE OF DEAT		OAY YEAR	26. HOUR D
	(1AbF	OR PRINT)	HELE	ΞN	E.	G	ARRIC	BAN	July 16	1984		4:50 M
	3. SE)	x		4. RACE			E OF BIRTH	VEAD	6. AGE IN YEARS LAS	T BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS
	1	Female		Wh	ite	Ap	ril 6,	1906	78	YRS.		
Dr.		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN O	F WHAT COUNT	RY? 8	RIED NEVE	R MARRIED 🔀	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
ō		MD			ISA	WIDO	WED 🗌	DIVORCED		ore Ci		MD.
6//	10 CI	ITY OR TOWN OF E	EATH		F HOSPITAL, NUI		E OR OTHER I	NSTITUTION	12a. USUAL OCCUP		E) INDUSTRY	OF BUSINESS OR
ğ /	A Party	Baltim			N boow			e	Clerk		Wave	
5/1	USU/ 13a. S	AL RESIDENCE (# N	URSING HOME OR 13b. COUN	OTHER INSTITUTIO	13c. CITY OR T	IOWN	(N) 13d. INSID	E CITY LIMITS?	13e.STREET ADDRE			ress
		MD			Baltir	more	YES 🔀	NO 🗌	601 Wya	noke A	we., 2	21218
EN7	14. F.A	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTH	ER'S MAIDEN NA	ME MIDDI	.E	LAS	it it
		Jose		F.		rigan		Lillie	<u> </u>	DRESS	Care	У
dico		VAS DECEASED EV YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	166. SOCIALS	SECURITY NO						
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t,		18 CAUSE OF DE PART I. DE ATH	ATH (Enter or	nly ane cause p	er lipe for (a), (b)	1000	00 0		. 0 -1.4	20	BETWEEN	MATE INTERVAL ONSET AND DEATH
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notic		,		DUE TO,	or as a conse	EOUENCE O	=		0			
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her		cause (a), sta	iting the	DUE TO,	or as a conse	EOUENCE O	-					
0 0				(c)_								
Ury,	z	PART 2 OTHER S	IGNIFICANT (CONDITIONS	CONTRIBUTING	TO DEATH I	SUT NOT RELA	D.	INAL DISEASE OR C	ONDITION GIV	EN IN PART TO	a
<u> </u>	CERTIFICATION	190 DATE OF OPE	PATION	SMUCL	DITION FOR WH	UL MI	TION WAS TE	- 1	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED
20 5	FIC	176 DATE OF OFE	NATION .	170. CON		TICH OF ERM		TO MINED	YES NOT	IN CERTIF	YING CAUSES	OF DEATH?
5/1/2	ERT	21a. ACCIDENT WAS	UNDERLYING [7 216. TIME	OF INJURY		21c. HOV	/ INJURY OCCUR	RED (ENTER NATURE OF			.,,
11		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR	A.M. MONTH		AR					
1/	MEDICAL	(IF EITHER, NOTIFY A			P.M. E OF INJURY		9 21f_LOC	ATION			-	
0	WE	WHILE I NO	WHILE [STREET, FACTORY OF	FICE, FARM ETC	ST	REET	CITY	OWN! 90	COUNTY	STATE
r o E		22a.1 certify that	WORK	trd) attended	the deceased fro	am 1.2	. 8/	19.	10-7-	16	19 84	that (II (we) last
5		saw the dece	ased alive or	7.1:	5	19 84	, and that in (my) (er) apinion	deoth accurred on t	ne date and hav		
E		22k SIGNATURE	THE PERSON	pti view the box	dy atter death.		DEGREE				22c. DATE	SIGNED
±			250	X	11110			ATTENDING PHYSICIANI	DIRECTOR PH	STAFF YSICIAN []	7.1	7.84
¥#-	1	174 PHYSICIANES	HAME ITTE	Francis .	(VVV)		22e ADD		J DIRECTOR [] TH	TOICHT [
ŏ		De li	seph	W. 76	ebley,	III. N	ı.b. :	3809 Gr	eenmount	Ave.	Balto	. MD
3	23a. E	BURIAL CREMATIC						OR CREMATORY	23d LOCATION			,
		Burial	,	7/19			Cathe		Balto	IN	COUNTY	MD STATE
-	_	UNERAL DIRECTOR	Henr		Jenkins		ns Co		E REC'D. BY REGIST			
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/_ [Film #G593 Item		STATE OF MARYLAND	<u> </u>	8 5 2 5
-10	FOR 7/27/84 r 1 - STATE REGISTRAR	ja depa	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 0 2
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
oy be oge 3 deoth	MAM	IE E.	GARTRELL	July 24, 198	4 5:30pm
YOR D	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2 HRS
4 8 9 9	Female	White	April 21 1899	85 YRS.	MONTHS DATS HOURS MIN.
å å Å	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUNT	Y OF DEATH
10 15 55	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Cit	MD.
fter d the fu d with	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
	Baltimore	4220 Loch R	aven Boulevard	Homemaker	Own Home
filled in could be f	USUAL RESIDENCE (IF NURSING HOME C 136. STATE 13b. COL	PROTHER INSTITUTION, GIVE RESIDENCE BI		13e.STREET ADDRESS / ZIP COD	F
AND Sulfation outlet	Md.	Balto	YES X NO	4220 Loch Ra	ven Blvd 21218
evely 2 sh	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
MARY male ted with a male ted	Emory		phy Amanda		AcCubbi.n
MORE,	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS	
MORE in ond c	No No		6-2104 Howard G	. Gartrell S	Same
ST., BALTI ritificate b a physicial onpopers. emovol. event, the	18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b	, agid (C.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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orice office		DUE TO, OR AS A CONSE	QUENCE OF	Hart Chisease	9/
deoth deoth offendi	Canditions, if ony, which	(b)	Dehaue H	for Chesase	Jeans.
o1 W. PRESTON that the death ce d by the attending lease remove corb iol, cremotion, or or other troumotic	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF		/
thot thot d by d by eose ol, cr	underlying couse lost.	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of otherding physician. Ifter this certificate has been signed by the otherding physician and completely filled in by as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be file the and Mental Hygiene prior to buriol, cremation, or removal. And the medical examiner must be recorded or them 18 shows any injury, or other traumatic event, the medical examiner must be recorded or them 18 shows any injury, or other traumatic event, the medical examiner must be recorded or them.		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
beer mit.	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WE	TICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
ALRI he k hos t per iene iows	E E				ES NO
N. The Invision of the Invision of the Invision of Hygiene Hygiene	21a. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
YSICIA ding ph ding ph s certifi s certifi and them in them	OR CONTRIBUTING CAUSE OF D	7111	19		
HYS ndin his o bur d Me	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISI or offer the e os the offth ond morked	WHILE NOT WHILE AT WORK	, and the state of	, , , , , , , , , , , , , , , , , , , ,		
L or Lose of Leolth		oital) attended the deceased fro	6/12		, 19 4 , tha (We) lost
prito prito for 121 i 21	sow the deceosed olive a above (1) (we) (did) (did r	not) view the body after death.	9, and that in they (our) opinion	deoth occurred on the date and ho	ur and from the couses stoted
OR AT OR AT DIRECT oched f S Dept. 6	22b. SIGNATU-E	1.	DEGREE	/	22c. DATE SIGNED
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D	THIS	gan M)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/26/1
HOSPITAL ned by the FUNERAL UIG be det the Store ORTANT:	THE PHYSICIAN'S NAME ITY	ON PROHITY	22e ADDRESS		//
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined the State (IMPORTANT: If	Dr. Mark D	ugan, M.D.	15 E. Bid	dle St., Balto.	, MD
D € 5 4 3 8	23a. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	Burial	7-28-84	Marvin Chapel	Plain #4. F	redrick. Md
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR Henr	y W. Jenkins.	& Sons Co. 250. DA	TE REC'D. BY REGISTRAR 254 REGIS	Basidian Mandala.
(VRA 15, 4)	4905 York Road	Balto MD	21212	UL 2 6 1984 J	

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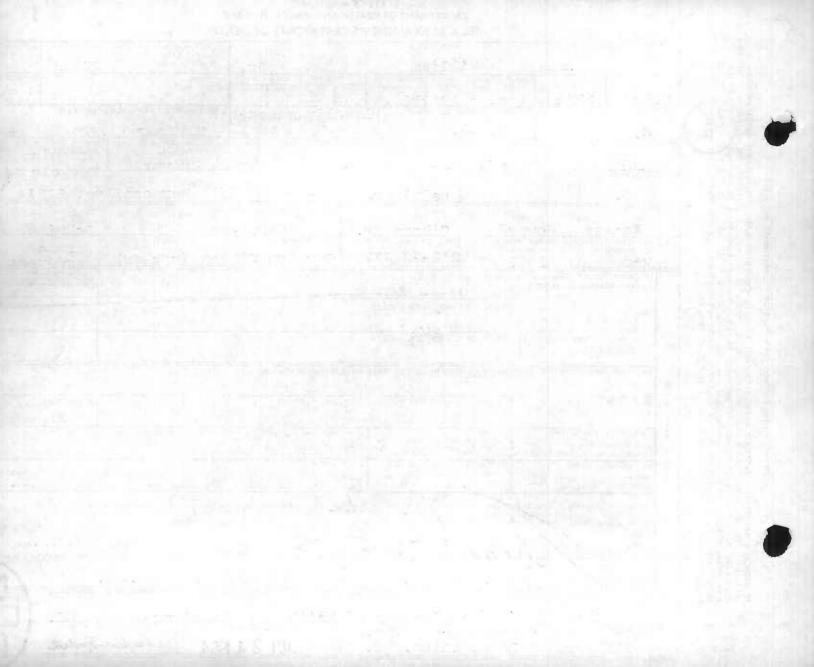
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m £		CEASED NAME FIRST		101	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 3
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	3. SE	100	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BE	RIHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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D S	13a. 5	AL RESIDENCE (IF NURSING HOME DO STATE 13b. COUNT N.Va. Jeffe	Y 13c. CITY OR TOWN	1	13e.STREET ADDRESS	/ ZIP CODE 99999
5	_	THER'S NAME	1 SUIL Real liey	SV 2 YES NO X		11/1/
19 19	14. F/		ODLE LAST	FIRST	WIDDIE	LAST
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ion,		Conditions, if any, which	(b) Seller	e Birth as	phy kia	1 449
other tro		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ICE OF	, 7	
othe		underlying cause last.	DOE TO, OR AS A CONSEQUE	naturitz 13	3 weeks	
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to b	Z		es			
any	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
ws or	E		-		YES TY NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\square\) NO \(\text{D}\)
sh of t	- 1	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	_	
entol Hygiene prior		OR CONTRIBUTING CAUSE OF DEATH		Y YEAR		
3 < 100	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TO	OWN COUNTY STATE
alth ond marked		AT WORK - AT WORK	<u> </u>		7=	4 80 0
E E		22a. I certify that (I) (this hospita	- 1/	and that in (my) (nur) anining	depth occurred on the	ote and haur and from the couses stated
1. of		niw the deceased alive on	view the body after death.	,		
Dept.	l i	THE SIGNATURE	1///	DEGREE ATENDING	MEDICAL STA	PER M 224. DATE SIGNED
		Mully	1 longer	2/ PHYSICIAN [
* * "	1	THE PHYSICIAN'S NAME OF OR	PRINT	22e ADDRESS	Chin	- 5- 0
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1.5	23a. I	SURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	tinsburge W. Vaus
		SPECIFY) Burial	7/7/84 Ple	asant View Mem. Ga	יין אין אין אין	, per arract
M 4/83	24. F	INERAL DIRECTOR Dougle	on Responden		E REC'D. BY REGISTRAR	236. REGISTRAR'S SIGNATURE
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Samuel Len Dinner A Law James V + 12 W 3 40 ATT 1087 Reltmore lity University Help tal Jefferson hearnerwille x Done! Sound 7004- 1319-Mary Bradgean ounger of war of 1.11 sudges string was a (dwart o) thruther six 237111198 INSTITUTE CHIEFURY 2002 CHIEFUR ST. n of solution - comment in the solution of the

2	1 - STA REG	TE ISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
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ge 4 mg) ector: po rs offer d	3. SEX		Cauc.	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 F			
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talled in	USUAL RETAIL	13b. COUN	OTHER INSTITUTION GIVE RESIDENCE	TOWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 3501 ST. PC				
ad with	P. FATHER		AIDDLE LA	15 MOTHER'S MAIDEN N. FIRST SUSAN	AME	GTE LAST			
Pagel	(YES, NO	ECEASED EVER IN U.S. ARA ORUNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL	SECURITY NO. 17 INFORMANT 6-9486 PHYLLS L	aroove She				
flow requires that the de- is been signed by the att- smit. Then please embre is policit to buriol, cremation is any injury, or other trau-	PAR	<i>P</i> .	Cerefic Car	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TERM WHICH OF RATION WAS PERFORMED	200 AUTOPSY TOP IN CERTIF	Mysel Sy S, WERE FINDINGS USED FYING CAUSES OF DEATH?			
SICIAN. The physician certificate ha cal-transit period hygiennitem 18 show	ORC	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEA-	TH HOUR A.M. MONTH	H DAY YEAR	YES NO YE	S NO			
NG PHY other than the on the but the ond M arked or	WH AT W	INJURY OCCURRED LE NOT WHILE DAT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	E 11 7	CITY OR TOWN	COUNTY STAT			
ATTEND Siphel or ECTOR A d for use 1, of Heat n 21 is m		saw the deceased alive an abave, (I) (we) did (did not	al) attended the deceased	_19, and that in (my) (aur) opinior	n death occurred on the date and have				
TALOR IN THE PORT OF THE PORT OF ENDINE		PHYSICIAN'S NAME (TYPE OF	Johan	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 7-4-84			
TO HOSPITAL etgined by th TO FUNERAL should be deter in the Stote of t		Phil	lip Moore M	.D. Keswick	K Home, Balto.	,Md.			
BP	(SPECIF	L, CREMATION, REMOVAL	23b. DATE 7-9-84	New Cathedral	23d LOCATION CITY OR TOWN Baltimore	COUNTY STATE			
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FUNER	AL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE			

Philip Moore M.D. Mary tok Hore, Belle, M. Funial 7 S 64 New Cethedral Will Faltimore

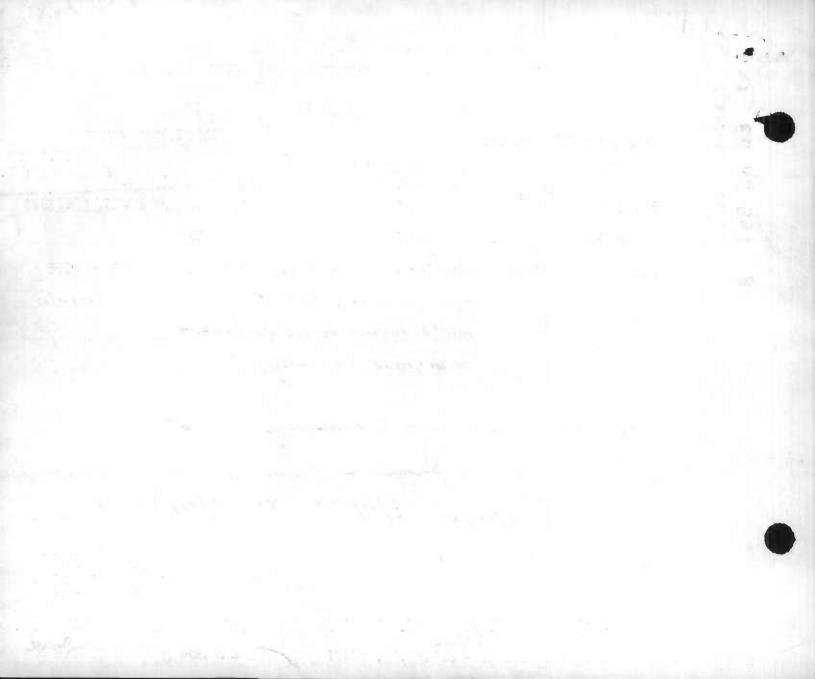
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REGISTRAR L DECEASED NAME FIRST 20. DATE KNOWN A MONTH 7h HOUR ESTI-(TYPE OR PRINT) DEATH MATED 22 1984 William Gibson Sr. John 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 5. DATE OF BIRTH 4 RACE DATE LAST BIRTHDAY) PRONOUNCED 2:49A DEAD Male White Dec. 6 1957 26 YRS LEGALLY VENERALE TIES COUNTY OF COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR FOREIGN COUNTRY U.S.A. DIVORCED Baltimore City, WIDOWED [Md. 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH Organic 6300 Old Harford Road Truck Driver Baltimore Recycle USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3n STATE 2512 Hermosa Ave. 21214 Md. Baltimore YES 3 NO [] 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Schmidt James Gibson Sr Carolyn Howard ADDRESS 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) same 218-72-9772 Carolyn Gibson (mother) 1977 address ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Shotgun wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 20 AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? USED STATE DEPARTMENT OF HIS YES X NO [21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR Subject shot CONTRIBUTING CAUSE OF DEATH 2:20 XX 19 84 21e. PLACE OF INJURY 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STATE NOT WHILE X yard 6300 Old Harford Rd, Balto. Md. AT WORK and in my apinion 22a. I certify that I took charge of the remains described above, held an Hamicide X Undetermined manner death resulted fram: DATE 7/22/84 Deputy Chiefmedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 7/26/84 Gardens of FAith Baltimore BP. 24 FUNERALDIRECTOR Unek Funerals Home, Inc. **DHMH - 17** hia Davidson-Randelle 3331 Brehms Lane, Balto. Md. 21213 11 2 4 1984 (VR A15 ME (5)) 20M 4/B2

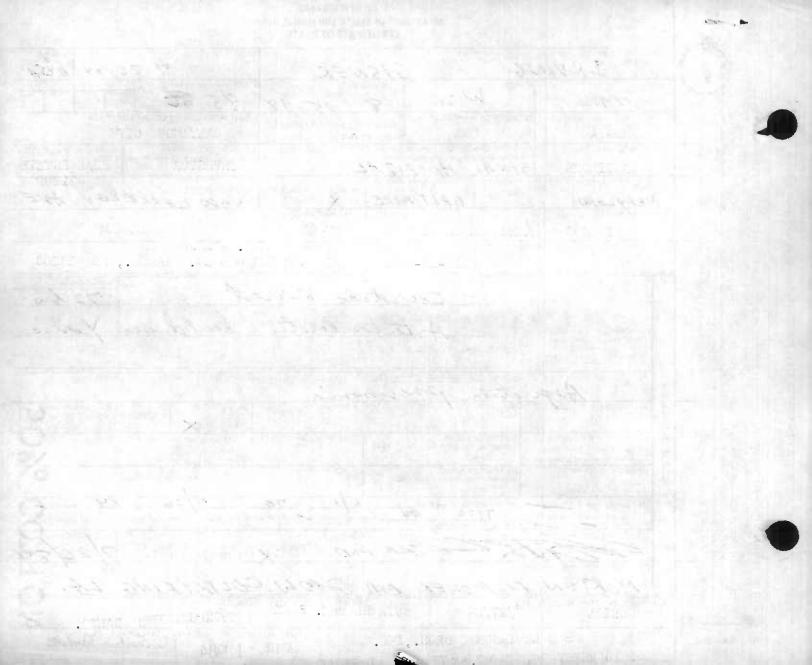


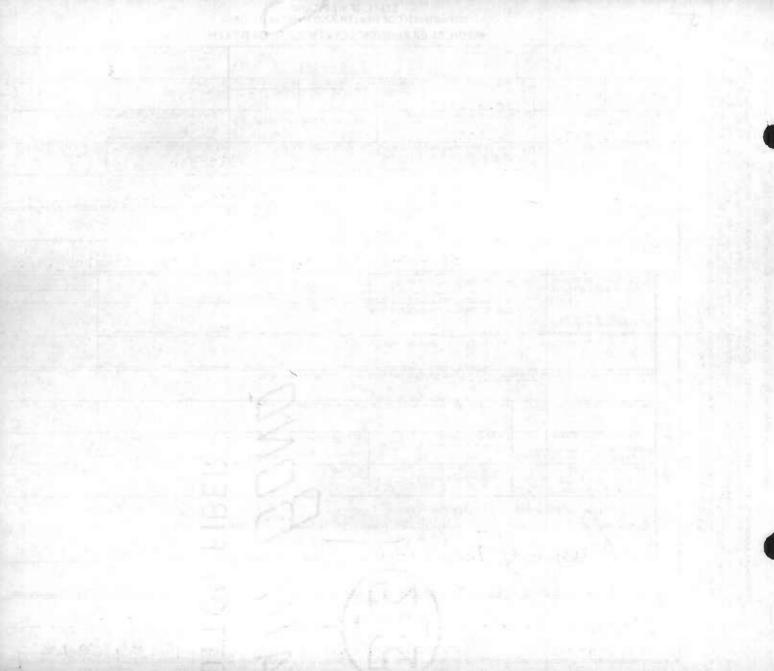
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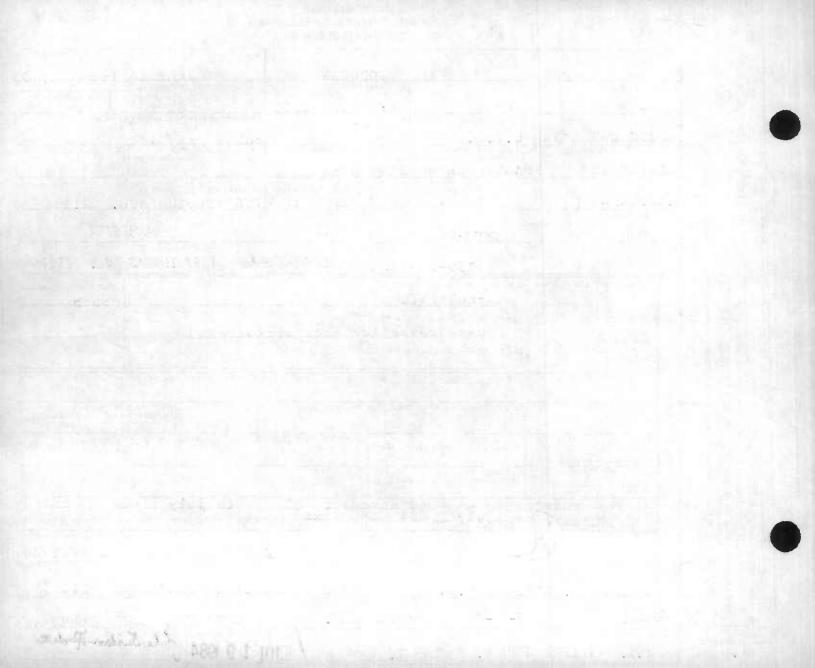


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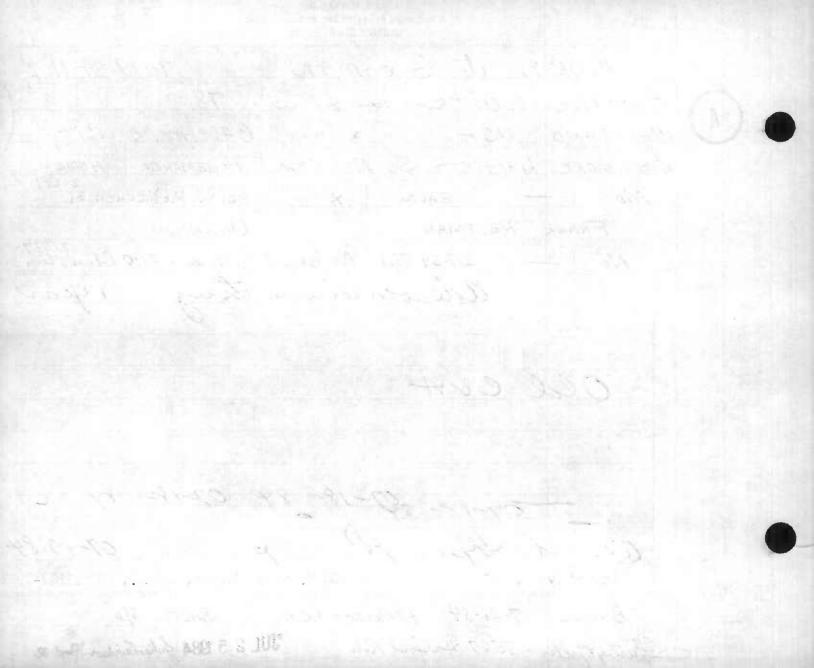
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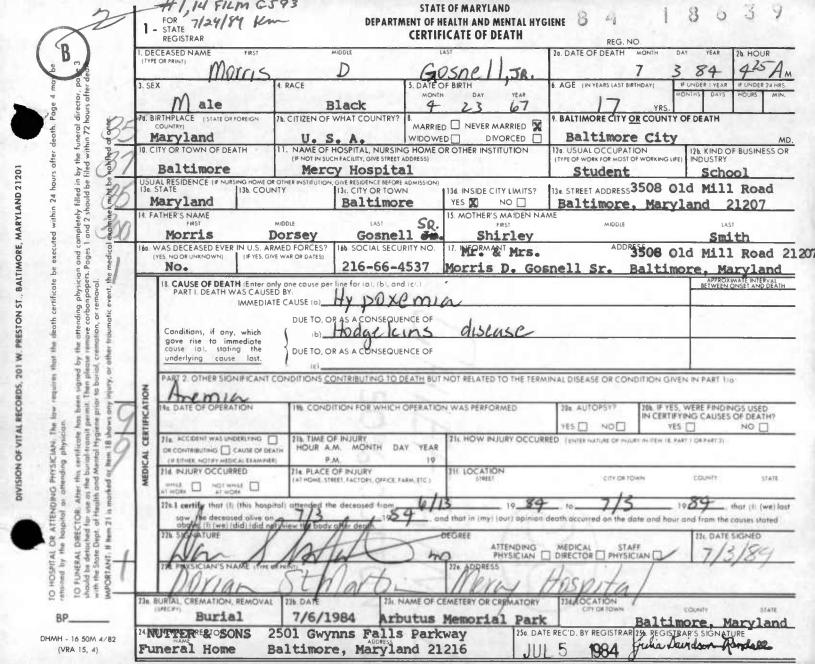
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ioy be page 3 r death		REGISTRAR CEASED NAME FIRST OR PRINT! MAR	E Midple	G-000	MAN	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR 18-89 1/ DM
h. Page 4 m	70 B	RTHPLACE (STATE OR EOREIGN COUNTRY)	White	S. DATE (MONTH ANTRY? 8 MARRIE	DAY YEAR	9 BALTIMORE CITY OR COUN	
rs ofter death. by the function filed with 72	10 C	ARYLAND ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	WIDOW		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING TOMEMAKEA	126. KIND OF BUSINESS OR INDUSTRY HOME
thin 24 hou ely filled in 2 should be in		AL RESIDENCE (IF NURSING HOME STATE 13b. CO	100.011	E BEFORE ADMISSION) OR TOWN 4LTO.	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 30) W. Me M	21217.
completel	160.	VAS DECEASED EVER IN U.S.		L SECURITY NO.	FIRST 17 MFORMANT	UNK NOWN ADDRESS	LAST
be execu			CRIE WAR OR BUILD	34-7311	Mr. George	O. Reottman - 81	110 Edwild ave.
equires that the death cert is a signed by the attending. Then please remove carboir to burial, cremation, or retaining or a sinjury, or ather traumatic e	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFIAN	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTION	ISEOUENCE OF	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION C	GIVEN IN PART 110
V: The law r ysicion. Core has bee onsit permit. Hygiene prio	CERTIFICATION	196. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				20a AUTOPSY? 20b. IF IN CER YES NO DIRECT OF INJURY IN ITEM IT	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DING PHYSICIAN: The law requi ar attending physician. After this certificate has been sig e as the burial-transit permit. The bith and Mental Hygiene prior to k marked as them Toshaws any injury	MEDICAL	OR CONTRIBUTING CAUSE OF I		19	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI he hospital or DIRECTOR: A ached for use Dept. of Heal if them 21 is ma		Licher	an of the body ofter death.	19 . 01	ATTENDING PHYSICIAN	n death accurred an the date and h	, 19, that (1) (— lost nour and from the causes stated 22c DATE SIGNED 07- 69-84
TO HOSPITAL retained by the TO FUNERAL should be deta with the State MAPORTANT:	230 F	Richard Tys	son, MD	1234 NAME OF C	22e ADDRESS	rth Avenue, Balt	o., MD 21217-399
BP		BURIAL INERAL DIRECTOR	7-21-84		wood Com.	ATE REC'D. BY REGISTRAR 256 REGI	MOD, STATE
(VRA 15, 4)	1	Harta Miller	- 7527 Ha	reford K	d. 3	UL 2 5 1984 Julia	Savidson Pandalle





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STATE OF MARYLAND

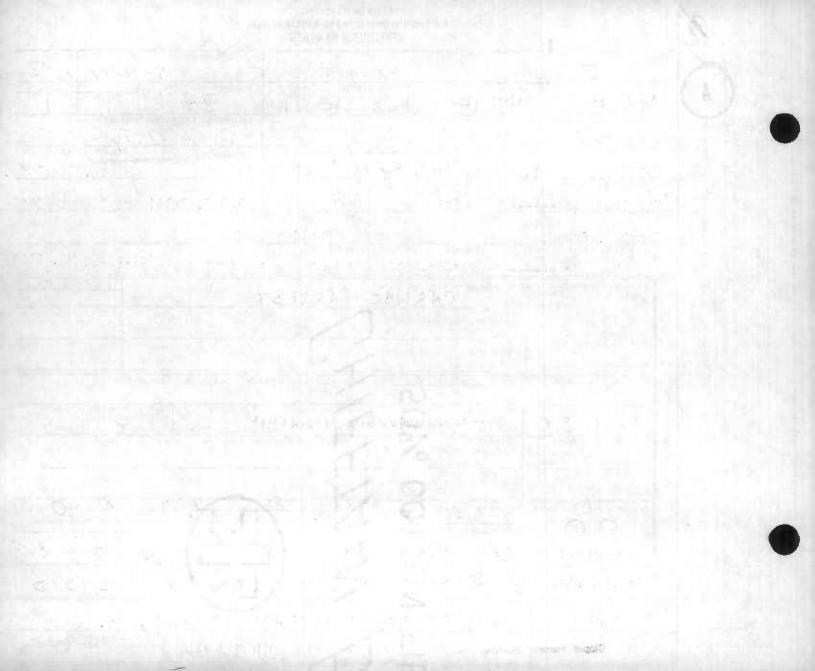
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	NO		
	ECEASED NAME	FIRST		WIDDLE	i	AST		2a. DAT	E OF DEATH	MONTH	DAY YEAR	2b. HOUR
-	eacon	1.50N	ARD		C	oss			JULY	13 h	n 1984	5.52 P
3. SE	X		4. RACE		5. DATE C		The same	6. AGE	(IN YEARS LAST B	RTHDAY)	MONTHS DAYS	
	Male		B1:	ack	1.2	28	1 2		71	YRS.		HOURS MIN
7a B	BIRTHPLACE (STAT	E OR FOREIGN		WHAT COUNTRY?	8.		MARRIED [9. BALT	MORE CITY		TY OF DEATH	
G	eorgia		U.S	. A .	WIDOWE		NORCED [LTIMOI	RE CI	ITY.	٨
	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C			12a. USU	JAL OCCUPA	TION	12b. KIND	OF BUSINESS O
В	ALTIMOR	E	2769	W. Nort		enue		(TABE OF	WORK FOR MOST	OF WORKING	LIFE) INDUSTRY	
Ust	JAL RESIDENCE (IF		OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE	CITY LIMITES	Lia. CTD	ET ADDRESS	/ 7ID CO		
	larvland				imore		NO [th Ave.	. 21216
-	ATHER'S NAME			•			'S MAIDEN N					
4	Eep		MIDDLE	Goss		A	ugus t	а	WIDOLE		Davi	L S
	WAS DECEASED E			166 SOCIAL SEC	URITY NO.	17. INFORM			ADD	RESS		
	YES NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	266-18-	-8979	Anna	Mae	Goss	2769	W. I	North A	Avenue
-	II8 CAUSE OF D	EATH (Enter on	ly ane cause pe	r line far (a), (b), ai	nd (c).)							XIMATE INTERVAL
	PART I. DEAT	H WAS CALISE	D RY.	LUNG CA		CADEN	CCARCIN	JO MA)			YEARS
		IMMEDIA										
1	Conditions, if	any which	1	R AS A CONSEQU	JENCE OF							
	gove rise to	immediate	(p)		5.105.05							
	underlying c		DUE TO, C	R AS A CONSEQU	JENCE OF							
	PART 2. OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TER	RMIN AL DIS	EASE OR CO	NDITION C	GIVEN IN PART 1	(a.
Z					TATE							
CERTIFICATION	19a DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a A	AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
Ĭ			100					YES	ON O		TIFYING CAUSE YES	NO [
i ii	21a. ACCIDENT WA		110110	OF INJURY	NAV VEAD	21c. HOW II	NJURY OCCU	JRRED (ENT	ER NATURE OF IN	IURY IN ITEM 1	8 PART 1 OR PART 2)	
	OR CONTRIBUTING	MEDICAL EXAMINER	ATTA TOTAL	.M. MONTH D	19							
MEDICAL	21d. INJURY OC		21e. PLACE	OF INJURY		211. LOCAT			CITY OR 1	OWN	COUNTY	STATE
Z	AT WORK	OT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE.	FARM, ETC.)	JINE						
				ne deceased fram.		23/57	, 19				. 19	
	sow the dec	ceased olive on	at) view the bady	after death	Sty ar	nd that in (my) (our) apınio	n deoth acc	urred on the	date and h	our and fram the	e couses stoted
	22b. SIGNATURE				J-10-11	DEGREE					22c. DAT	E SIGNED
	7	societe.	Ouge	y.		M.D.	ATTENDING PHYSICIAN	MEDIC DIRECT	TOR PHYS	AFF ICIAN 🗌	7/17	7184
1	22d. PHYSICIAN	SNAME (TYPE C	OR PRINT)	9		22e ADDRE	SS					
	PAME	LA OUY	ANG			4940	EASTERN	U AUE	, BALT	IMORE	, MO 21	224
23a.	BURIAL, CREMATI	ON, REMOVAL		23c.	NAME OF C	EMETERY OR	CREMATORY	/ 23d. L	OCATION			
1	BURIAL		7/23	/84 C	edar	Hill	Cemet	ery .	Anne	Arund	de Tounico	, Md

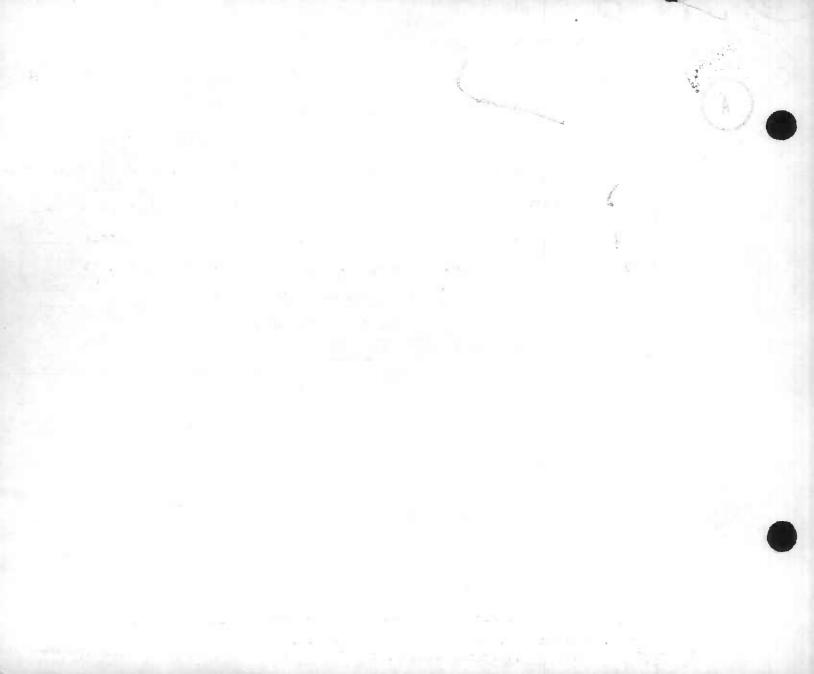
DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 Es North Avenue

una Davidson Produce



	1 -	FOR STATE REGISTRAR HERFOR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 4	18642
7 4		CEASED NAME FIRST OR PRINT) HERVEL	D ELMER GRANGER	Crran Car	REG. NO	MONTH DAY YEAR 126 HOUR 7 28 84 505 AM
1	3. SE	MALE	AUCASIAN	5. Date of Birth March 5 1905	6. AGE (IN YEARS LAST BIRTH	
35		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF	- City . MO.
334		Balto.	GON SCCOL	up9tosp.	TYPE OF YORK FOR MOST OF	working Life) INDUSTRY Clerk Plumbing Supp
S Start	13a. S	TATE 13b. COL			13e.STREET ADDRESS /	Philps have
medicol exomi		VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) I (IF YES. O	RMED FORCES? Mob. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRES	Fleishell Fleishell
emovol. event, the medico		NO	al6~0		anger - Same	e as Sec. 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rto burial, cremation, or injury, or other traumatic	NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T		AT AL 1 -	DITION GIVEN IN PART Itas
grene prior	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? YES □ NO【X】	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
morked or Item 18 s	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOTIFY WHILE AT WORK 22a.1 certify that (1) (this has	HOUR A.M. MONTH	19 211 LOCATION STREET	RED (ENTER NATURE OF INJURY	IN COUNTY STATE
with the State Dept. of He MPORTANT: If them 21 is		saw the deceased alive o		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED 7/39/62
MPORTA		URIAL, CREMATION, REMOVA SPECIFY Burial	7-30-1984	NAME OF CEMETERY OR CREMATORY Loudon Park Cemeter	•	re City Maryland
M 4/83 4)			ell C. Witzke Fu Ave.,Catonsville	neral Homes P.A 25a DA1 ,MD. 21228 JU	TE REC'D. BY REGISTRAR 2 L 3 1 1984	Sb. REGISTRAR'S SIGNATURE



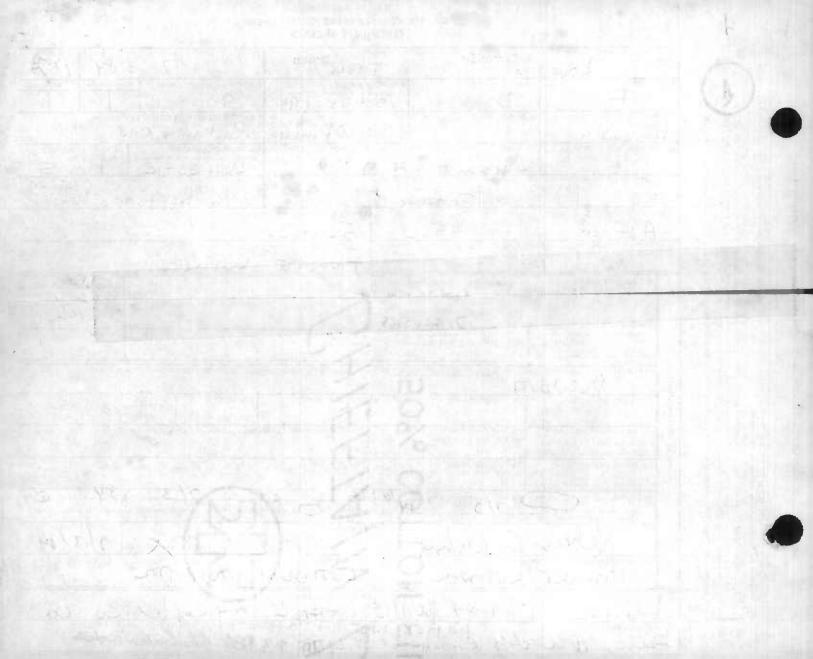
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	REGISTRAR			MEI	DICAL E	XAMII	NER'S	CERTI	FICATE O	F DEA	TH	REG. NO).			
	CEASED NAM	E FIRST			WIDDLE			LAST		.2	a. DATE K	NOWNXX	MONTH	DAY Y	EAR	76 HOUR
{ TYI	PE OR PRINT)	Suzar	nne				Cros	atho	uco		OF DEATH	MATED	7-1	198	34	A.
SE	K .	4. RACE	S. DA	TE OF BIRTH	-		YEARS IF UN	NDER I Y	YR. IF UNDER	24 HRS. 2	c. DATE		MONTH		/EAR	2d HOUR
T	O-mall-	17h 2 h a	MON	DA.	YEAR 1050	LAST BIRTH	77,00	THS DAY	rs Hours	MIN. P	RONOUNG DEAD	ED	7-1	198	21	9:45
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FC	DREIGN COUNTRY)		7.0			KI:			NEVER MARR	IED 🔲		_	-			
	assachu ITY OR TOWN		12. 22	U .	S. A.	CINIC HOL		WED INICA	DIVORC		Bal	timor	e Cit	Y,	E BIIC	MD
J. C			11. N/	NOT IN SUCH FA	PITAL, NUR CILITY, GIVE STE	EET ADDRESS	AE, OR OTH	HER INSI	IIIUIION	FOR M	OST OF WORK	ING LIFE)	OF WORK	OR IND	USTRY	1
1	Baltin			NOT IN SUCH FA						H	ousew	ife		Dome		
	AL RESIDENCE	(IF IN NURSING HOM		INSTITUTION, GP		DR TOWN		13d. INS	IDE CITY LIMITS?	13e STRE	ET ADDRES	S			216	25
	Marylan	d T	albo	t	Co	rdova		YES				Rt.	1 Bo	x 66		
4. F	ATHER'S NAM	E	MIDDI	F		AST		IS. MC	THER'S MAIDE	ENNAME	1144	DLE		LAST		
	Donald		MIDDL		В	ranni	ff		Gabri	elle	7416				Pla	nte
		ED EVER IN U.S. A			16b. SOC	AL SECUR	ITY NO.	17. INF	ORMANT		-	ADDRESS	Rt.	1 Bo	x 6	6
()	NO OR UNKN	OWN) (IF YES, GI	VE WAR OR	DATES)	016	42-5	628	Re	bert G	reath	ouse	Con		, Mar	-	
-		OF DEATH (Enter of	only one	ouse per line										APPROX	IMATE I	INTERVAL
	PARTID	EATH WAS CAUS	SED BY:				Inju	ripe						BETWEEN	ONSET	AND DEATH
No.	01) IMMEDI	ATE CAU	SE (o)				TES						1		
	Conditio	ons, if ony, which	ch \	DUE TO, OK	A3 A COI4.	DEOOLIVE	LOF									
	gove r	ise to immedio	te /	(b)										-	-	
	lying co) stoting the <u>unde</u> use lost.		DUE TO, OR	AS A CONS	EQUENC	EOF							0.01		
			((c)												
-	PART 2 OTNER S	SIGNIFICANT CONDITION	NS CONTRIBI	UTING TO DEATH	BUT NOT RELAT	EO TO THE TE	RMINAL DISEAS	SE OR CON	OITION GIVEN IN PA	RT 1 (a).						
CERTIFICATION														To a		
CAI	190 DATE O	FOPERATION		19b. CONDIT	ION FOR V	/HICH OP	ERATION V	WAS PER	FORMED?					20 AUTO	PSY?	
TIF														YES		NOXIX
	210 EXTERN	AL CAUSE WAS		21b. TIME OF HOUR A.M	. MONTH	DAY YE	AR		URY OCCURRE					17 2)		
S	CONTRIBUT	G AMOR ING CAUSE O	F DEATH	12:50x	x 6-	24 19	84 pa		nger in	auto	/auto	impa	ct			
MEDICAL	21d. INJURY			2) e PLACE (ORY, FARM, ET	(AT HOME,		CATION	٧		CITY OR TOW	N	cou	INTY		STATE
×	AT WORK	AT WORK	X		oad oad			Since!	va & Bl	ades					-0.	
						1 / 1			, Inspectio							, , , , ,
	7	tify that I took cha									Inquiry		d in my opi	inion		
	deoth resul	ted trays: No	turol cous	ses 1	Acident	Δ.,	Suicide		lomicide	Undete	rmined mo	nner,				
1	ACTUAL O	18011	1 -	11	6	12	11		LE (SPECIFY)				DATE	7 .	2_0	1
	SIGNATURE	unq	m	V	nego	110	N	M.D.AS	sistant	MEDI	CAL EXAM	NER	SIGNE	D/_	2-84	4
	EXAMINER'S	NAME D	anni -	, III C-		MD			111	Dor	CL	20+				
	(TYPE OR PR			F. Sr				ADDRE			Stre	et				
	SURIAL, CREMA	ATION, REMOVAL					EMETERY C				CATION	3	COUN	П	STA	TE
	Bu	rial	7	-6_84		baint	Anne	s Ce	emetery	36	ur ori	dge, V	vorce	ster,	Ma	.ss.
	UNERAL DIRE			ADDRESS			filters			400		2Sb. REGIS	STRAR'S SI	- Junda	22-	
Ma	rzullo	Funeral	Ser	vice	Reis	terst	own, M	ld.	JUL	6 1	984	- wo	N. France	1		3

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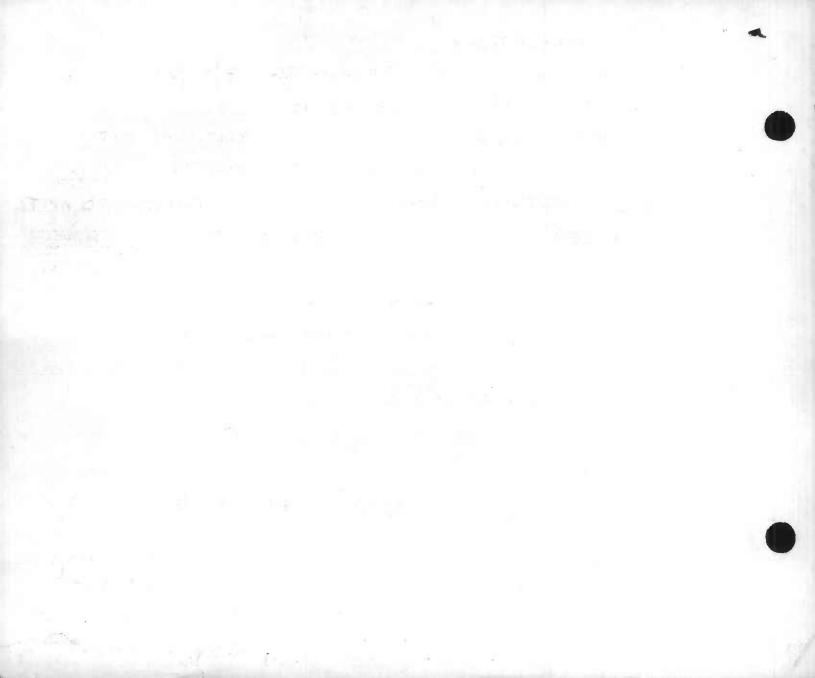
-25 Larkin Street ELEANOR COLUMBUS confe the attorname which we demand the demi-Seeks with the country bridge was fine country

					SIAI	E OF MAKILAND		1 0	3 6	1 5
1	1	FOR - STATE		DEI		EALTH AND MENTAL HYG	IENES 4	10	0	, ,
NO.		REGISTRAR			CENTI	TEATE OF DEATH	REG. N	٥.		
		ECEASED NAME	FIRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY		Zb. HOUR
1/11	(14	PEOR PRINTI GLA	DY5	6	REEL	2	July 1,	1984	-	4:15 N
2 8 N	3. 5	EX ,	4. R	ACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNI	DERIYEAR	IF UNDER 24 HRS.
	1	Female	/	Vegroid	MONT	+, 271922	61	YRS.	S DAYS	HOURS MIN.
	70	BIRTHPLACE (STATE OR F	OBSICN 7h	CITIZEN OF WHAT COLL	VIRY? 8.	1,6,000	9 BALTIMORE CITY C		EATH	
4 36 8//	1	COUNTRY	OKERSIA 1	A A A	MARRIE	D NEVER MARRIED	D / T	K COOM TOP		
# 1 F	1/	Marylar	70	U.S.H.	WIDOW	100	+ Dalt	0,,6	174	M
1 12 1/	10.1	CITY OR TOWN OF DEA	TH DI.	(IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPAT		L KIND OF	BUSINESS OR
1 5 P	1	palto.			owers	AVE.	Salad G	152	Bus	iness
21; be be		JAL RESIDENCE (IF NURS	ING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE 13c. CITY OF		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	Oll	201
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours vysicion and campletely filled in by opers. Pages 1 and 2 should be fill you the medical examiler most be an		Md.		Be	1.1.	YES NO		Bower	5 A1	ve!
thin thin	7 14.1	ATHER'S NAME	110 30	Will be the second		15. MOTHER'S MAIDEN NA				
Die nd		FIRST	MIDE	F2.0/4	51	N7001	MIDDLE	0.0	LAST	
S c c c c c c c c c c c c c c c c c c c	16.	WAS DECEASED EVER	INITIE ADME	FORCESS THE SOCIA	SECURITY NO.	17 INFORMANT	ADDR	car,		
oges dico	100	(YES, NO OR UNKNOWN)	(IF YES, GIVE WA	POPDATESI		17 INFORMANT	ADDRI	101	19	11
Mon on on one exe	100			2142	25-3450	trances	CUNION	o wi	mo	TCT.
ALT te b sicio sers		18 CAUSE OF DEAT	H (Enter anly a	ne cause per line far (a),	b), and (c)				APPROXIMA BETWEEN ON	ATE INTERVAL
		PART I. DE ATH W				emorrhane			2 /m	in to-
ST erti	7		IMMEDIATE C	AUSE (0) Esophi	-0				500	C , C C C C
O ta single				DUE TO, OR AS A CON	SEQUENCE OF				1	
deo deo tion		Conditions, if any,		(b) Esape	lageal	cancer			1 rge	ar
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate this certificate has been signed by the attending plant the burial-transit permit. Then please remove carbon plant the burial cremation, or removed on them 18 shows any injury, or other troumatic every each of the plant that the plant is shown any injury, or other troumatic every many properties.	4.3	gave rise to imm		DUE TO, OR AS A CON	SECULENCE OF					
W to the other		underlying cause		DOL TO, OK AS A CON	SEQUENCE OF					
ed ed		DART 2 OTHER FICE	JIEIGANIT CON	(C)	C TO DE ATU BUS	NOT RELATED TO THE TERM	DATE OF COL	DITION LONGS IN	10.07.	
osign sign sen lobu	NO	CAAC	A .		STASE		MINAL DISEASE OR CON	DILION GIVEN IN	I PART TIO	
Par	그 은	SACK	AL							
Po de la	1 8	190 DATE OF OPERA		196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI	CAUSES C	SS USED OF DEATH?
ho ho ho		mon	e	non	e		YES NO	YES 🗀		NO X
VIII VSICIO	CERTIFI	210. ACCIDENT WAS UND	DERLYING [21b. TIME OF INJURY		21€ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)	
Physical Phy	1	OR CONTRIBUTING		HOUR A.M. MONT						
Z SIG	5	(IF EITHER, NOTHEY MEDI		P.M.	19	BU LOCATION				
SIO PHY this do do	MEDICAL	21d. INJURY OCCUR		21e. PLACE OF INJURY (AT HOME STREET, FACTORY, 6	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
rke of the sky	1	AT WORK NOT WE	RK							
D o o		22a.1 certify that (I)	(this haspital)	attended the deceased	from Juli	1982		19_9	34 th	of (1) (we) los
A T T S S S S T T S	45	saw the decease	ed alive an	une 26	19 84 6	nd that in (my) (aur) apinian	death occurred on the de	ate and hour and	from the co	auses stated
AT OSP MECT		abave, (i) (we) (a	did) (did not) √i	ew the body ofter death.						
OR POR		22b. SIGNATURE	1	11 11.		DEGREE ATTENDING	MEDICAL STA		22c. DATE SO	GNED
A th		Ma	2	ve re	wmon	PHYSICIAN [DIRECTOR PHYSIC	IAN	1- d	-87
O HOSPIT. O HOSPIT. O HOSPIT. O FUNER. Should be d with the Sto		224 PHYSICIAN'S NA				22e. ADDRESS J HIN	IA SR	Appear and a second	5NEE	TE
TO HOSE TO FUN With the IMPORTA		MARY	M.	NEWMA	N	600 N.	WOLFE ,	STRE		_
5 5 5 4 4 A	-	AUBINI COCULTION			In Marine		IMORE, I	11) 0	2120:)
	730.	BURIAL, CREMATION,	HEMOVAL 2	3b DATE	ZJC. NAME OF	EMETERY OR CREMATORY	23d. LOCATION	cou	INTY	STATE
BP		Buria		7-6-84	Dala	o. Cemete	N Bal	10.	mo	1.
DHMH - 16 50M 4/83	24	FUNERAL DIRECTOR				250. DAS	E DEC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATUR	RE
(VRA 15, 4)	1	COLVIN &	- FD	21-1-149	PAGES F F	- L a /JU	L 0 3 1984	Julia Davi	dans 10	2-4-00
, ,	1	1/4/1/02		1000	6 1 1	CE10000		1	1/1-4 LOON	"TIME

X	4	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 3 4	8 6 4 5
	4		CEASED NAME FIRST	Lovenia	Ciasi Green		MONTH DAY YEAR 26. HOUR
- 6			Loven		Fren		7 3 84 11 Am
4 4		3. SE	F	B RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
death. Po	funerol Hin 72 Hin 72 House		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVERMARRIED WIDOWED MORED	Bultum	R COUNTY OF DEATH
ofter	by the fu	10 C	17 OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET LUTHER HOSP		120 USUAL OCCUPATION OF WORK FOR MOST OF	
AND 213	filled in nould be		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		'N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	or to ma Road
MARYL, ed withi	ampletely and 2 sh	14. F.	A Fred	MIDDLE BLAST LAST	15. MOTHER'S MAIDENNA FIRST	WE	LAST
BALTIMORE, MARYLAND 21201 ote be executed within 24 hours o	n and co		YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	Florin E	WINS-	
BAL	ysicio aperi val.		18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z ST	or rer		PART I DEATH WAS CAUSE		e la		(6)11
STO!	a o o e		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	7	1	YRS.
W. PRES	by the se rer crem other		gave rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
105, 201	signed to Then pleo to burial	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
L RECOR	os beer prior per prior ws ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death cert	ding physicions secrificate he buriol-transit physicions was a manual Hygier or frem 18 shown		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJUR	ty in ITEM 18 PART I OR PART 2)
VISION G PHYSI	2 0	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TO	WN COUNTY STATE
TENDIN	DR: US		220.1 certify that (I) This haspi	tol) trended the deceased from	6/15, 19.	death accurred on the do	that (1) (e) ast ate and haur and from the causes stated
AL OR AL	AL DIRECTO		22b. SIGNATURE Jebel	a Ky hy	DEGRÉE ATTENDING PHYSICIAN [MEDICAL STAF	
HOSPIT			228. PHYSICIAN'S NAME (TYPEO	XUSIMUL	220 ADDRESS LUNTANA		m
01	BP	23 o.	BURIAL, CREMATION, REMOVAL	7-7-84 W	NAME OF CEMETERY OF GREMATORY	23d KOCATION CITY OR TOWN ANCA	tel CO CO STATE
DHM	MH - 16 50M 4/82	24 F	INERAL DIRECTOR	M. I. BO ADDRESS		E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



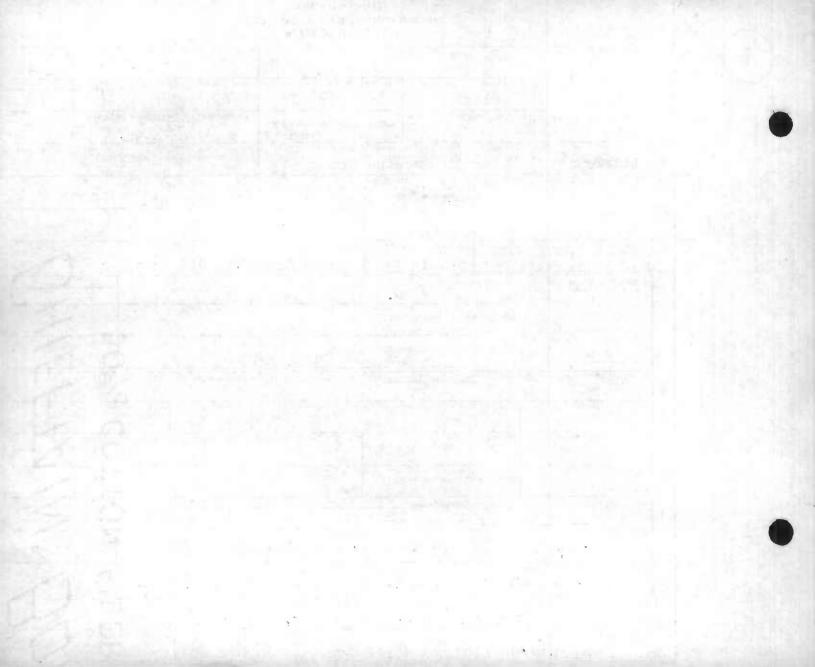
S. DATE OF BIRTH S. DATE OF BIRTH WANTE OF B	HOUR 'YORM NDER 24 HRS
REGISTRAR GREEN BERG CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. THE COUNTY OF DEATH BLANCHE GREEN BERG 7 20 8 4 RACE S. DATE OF BIRTH YEAR IF U. MONTH DAY YE	MRGY:
1. DECEASED NAME FIRST MIDDLE LAST COUNTRY OF DEATH MONTH DAY YEAR 20 CREEN BERG TO AGE (IN EARS LAST (IRTHDAY) IF UNDER 1 YEAR IF UNDER 1 YEAR ON THE DAY YEAR ON THE DAY OF DEATH MONTHS DAYS HOUSE OF DEATH AND THE DAY OF DEATH	MRGY:
TO BLANCIE GREENBERG 7 20 84 3 SEX 4 RACE 5. DATE OF BIRTH VEAR MONTH DAY VEAR MONTHS DAYS HOUSE OF BIRTH VEAR MONTHS DAYS HOUSE OF BIRTH OF THE PROPERTY OF COUNTY OF DEATH	MRGY:
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EMALE WHITE US 05 12 7 YRS. JG. BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? 8 NARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH	
WARRIED WARREN	
TE EN ON THE MADVIAND LICE	445
WIDOWED DIVORCED 110. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BU	MD.
(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	C
# 212U # 21 STATE 13s STATE	
136. STATE 136. STATE 136. STATE 136. STATE 136. INSIDECITY LIMITS? 137. STREET ADDRESS / ZIP CODE 29. O PALLSTAFF RD A	PTIZ
11. FATHER'S NAME FIRST 15. MOTHER'S MAIDEN NAME	
B B B BOO SNYDER HYMAN RESSIE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX
	21209
THE NO OR HINKNOWNIL LIFE YES CAVE WAR OR DATES!	
NO 1 1213-03 - GOLD MENT & CHOL THEE 2141	
APPROXIMATE BETWEEN ONSE! PART I. DE ATH WAS CAUSED BY:	AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORDAINENT CARBIAC ARREST	
BUT TO ON AS A CONSEQUENCE OF	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) 7 SAH - SVB ARACHUBIS HEMORR HAGE	
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cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.	
t 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra-	
147R QUADRAPLEGIC 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 AUTOPSY? 200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IN CERTIFYING C	
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OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM. ETC.) STREET CITY OR TOWN COUNTY	
THE THORE STREET FACTORY, OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY	STATE
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$Z = \alpha \circ Z \circ$	(1) (we) last
sow the deceased alive on T USC 19 SU, and that in (my) (aur) apinian death accurred an the date and haur and from the caused above, (1) (we) (did) (did not) view the badylatter death.	es stated
Z20. SIGNATURE DEGREE 220. DATE SIGN	ED
ATTENDING MEDICAL STAFF TO PHYSICIAN DIRECTOR PHYSI	54
22 ADDESC	9
PHYSICIAN DIRECTOR PHYSICIAN TO PHYSICIAN DIRECTOR PHYSICIAN TO PHYSIC	
OF OFF STREET	1
# 23a, BURIAL, CREMATION, REMOVAL # 23b, DATE # 1 23c, NAME OF CEMETERY OR CREMATORY # 123d, LOCATION	ELALE
BPBURIAL 7/22/84 CHERNIGOVER ROSEDALE BALTO.	MD
DHMH - 16 50M 4/83 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. ADDRESS (VRA 15. 4)	00
(VRA 15, 4) 6010 REISTERSTOWN RD. BALTO., MD 21215 JUL 26 1984	4



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR DECEASED NAME 20. DATE KNOWN IX (TYPE OR PRINT) OF ESTI-7/14/84 Green F DEATH MATED Ernest WITHIN 72 HOURS 3. SEX 4. RACE S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) MONTHS I DAYS PRONOUNCED THE FUNERAL DIRECAGE 5 FOR YOUR 7/14/8410 31 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A Baltimore City IROINIA WIDOWED [DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ULD BE FILED, OR INDUSTRY FOR MOST OF WORKING LIFE) 972 North Hill Rd Baltimore ANDICADORD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2 NOQIHHILL GOAD 21218 SHO MEYKANA 14. FATHER'S NAME MIDDLE LAST DIVISION OF WIN MOSES MOUNTON 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO (YES, NO, OR LINKNOWN) (IF YES GIVE WAR OR DATES) -902 NOREH HILL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DE ATH WAS CAUSED BY: Valvular Heart Disease REMOVAL DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF URIALlying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION USED AS 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 2 Is PLACE OF INJURY (ATHOME. 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian Inquiry Hamicide Undetermined monner Natural causes Accident TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT) ADDRESS 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 250. DATE REC'D. BY REGISTRAR'S SIGNATURE BP 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) 722 N. MORTH 20M 4/B2

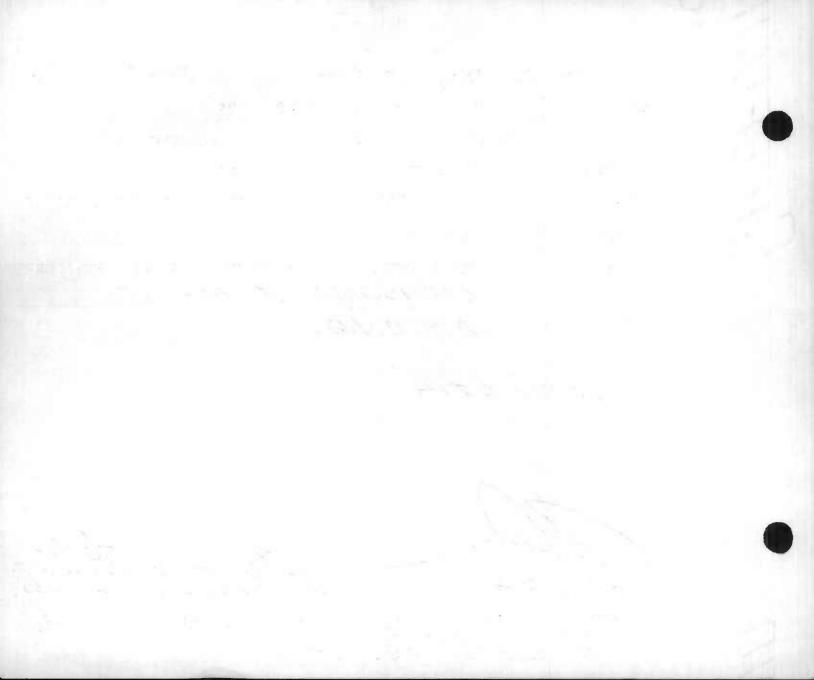
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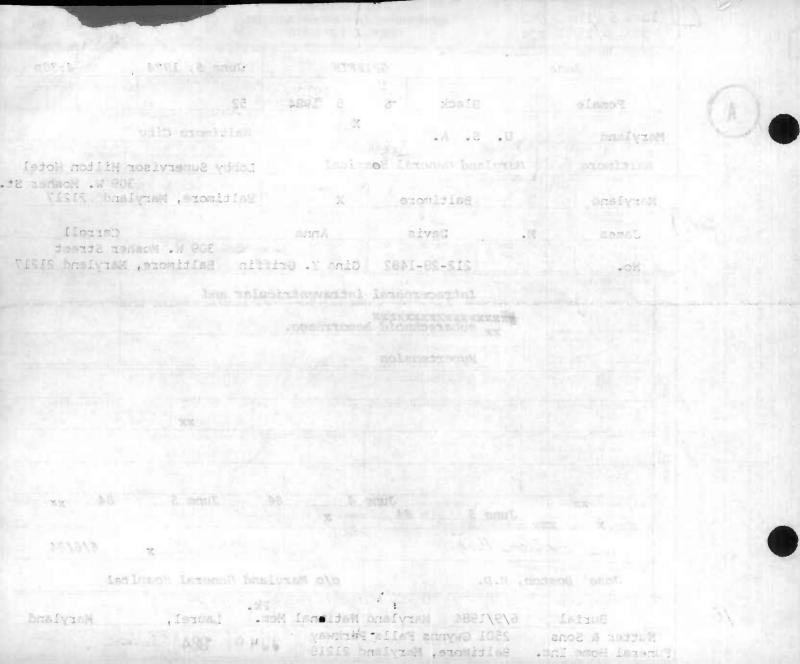
				STATE OF MARYLAND	9	10 10 11 12
2	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		8 0 4 7
1	1 05				REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAS	26. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1		EVEST		7 cachin	-7	9-94 6AM
10	3. SE	x	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	The state of the s
	3. 32	Male	Black	10 19 16	67	MONTHS DAYS HOURS MIN.
2 A.F		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OF COUN	
71		GA	USA	MARRIED NEVER MARRIED X	0 01	one city MD.
(1)		Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Lincoln Nu	NG HOME OR OTHER INSTITUTION T ADDRESS) CSING HOMES	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
2017	USU	AL RESIDENCE (VINURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO			
豹	130.	MD 136 COUN	IIY May Capit	134 INSIDE CITY LIMITS?	622 Drum St.	20027
45 0	14. F/	ATHER'S NAME		15. MOTHER'S MAIDEN N		
/An/i			AIDDLE LAST	FIRST	MIDDLE	LAST
WU		Willie	Grescham			Reed
20	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC WAR OR QATES)	URITY NO. 17 INFORMANT	ADDRESS	
EN		No	238-18	-7022 Macoy Gre	scham 622 Dru	m C+
9					SCHam 022 Dru	
ŧ,		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), a	11-	1 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
emov			E CAUSE 10 multi	Ple continal	in har chim	
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traumotic			DUE TO, OR AS A CONSEOL	ENCE OF	4.	
0		Conditions, if any, which gove rise to immediate	(b)	ill cleman	ria	
		couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCEME 1	1	
or other		underlying couse last.	Di	1. hotes mall	item	
0		0.010	(c)	come 12 com	75000	
injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION G	GIVEN IN PART 1(0)
200	AT	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
NS N	F.				IN CERT	TIFYING CAUSES OF DEATH?
Show	E L				YES NO	YES NO
ltera 18 s	U	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)
E	¥	OR CONTRIBUTING CAUSE OF DEA				
/	MEDICAL	21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
	ME		(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
40	-	AT WORK NOT WHILE AT WORK		4/2. 0.	17/2	D ()
		220.1 certify that (I) (this hasnit	al) attended the deceased from.	100-	10 1/8	10 24 11 11 11
	111	sow the deceased alive on	7/5 10	ond that in (my) (our) opinion		, 19_0 , that (I) (we) lost
E		abave, (1) (we) (did) (did not	view the body after death.		Geom occurred on the dote and he	our and from the couses stated
1		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
		Kunn	1 Her	MD ATTENDING	MEDICAL STAFF	7/8/2
-		22d. PHYSICIAN'S NAME (TYPE OR	OD INIT	PHYSICIAN)	DIRECTOR PHYSICIAN	1/4/2
2		1/1. 4.	D. 11.	1 ADDRESS	20.	2/1 = 0
MPORTANT		KYANG-	120 HUA	LIN CO	an Museria	Home
*	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	OUNTY CT. TO
_		Burial	7/12/84 Ha	rmony Mem. Pk.	Hyattsvill	e MD
73	24 FL	INERAL DIRECTOR			TE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
700	TAT	NAME March E	/H 1101 E. I		111 1 9 109/1	day don-handall
	IVV	n. C. March F	/ I LIUI E.	NOT LI Aye.	UL 4 6 1304 1/	



STATE OF MARYLAND

FOR





1-	FOR STATE REGISTRAR
I. DEC	EASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEI CERTIFICATE OF DEATH

NE	0	Same.	

12a USUAL OCCUPATION

Nun

TYPE OF WORK FOR MOST OF WORKING LIFET

MIDDLE

F DEATH	REG. NO.				
	20. DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	JR .
.F.	July 10, 198	4		91	. "
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR		IF UNDER 24 HRS	
YEAR		MONTHS	DAYS	HOURS	MIN.
1902	82 yrs.				
R MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
DIVORCED	Baltimore Cit	ty			MD

TYPE OR PRINTS Sr. MARY JAMES GRIFFIN, O.S.F. 3 SEX MONTH White Female Mar. 24, 1902 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY

Ireland USA WIDOWED 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 3725 Ellerslie Avenue USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Order 13e.STREET ADDRESS / ZIP CODE 3725 Ellerslie Ave. 21218 15. MOTHER'S MAIDEN NAME

MD 4 FATHER'S NAME

13a STATE

CERTIFICATION

Baltimore

James

Griffin

13c. CITY OR TOWN

Baltimore

Katherine 17 INFORMANT

YES K

13d. INSIDE CITY LIMITS?

NO [

Curran

126 KIND OF BUSINESS OR

Religious

INDUSTRY

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No

136 COUNTY

MIDDLE

166 SOCIAL SECURITY NO. 225 74 8907

Sr. Mary Gray, O. S. F.,

Same

APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 JF YES, WERE FINDINGS USED 19a DATE OF OPERATION

21n ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE

211. LOCATION

CITY OR TOWN COUNTY

IN CERTIFYING CAUSES OF DEATH?

saw the deceased alive an

, and that in (my) (quantum apinion depth accurred on the date and hour and from the couses stated

ADDRESS

ATTENDING PHYSICIAN V DIRECTOR PHYSICIAN 22c. DATE SIGNED

Dr. William P. Benson, Jr.

220 I certify that (I) (the language) attended the deceased from

3506 N. Calvert St., Balto., MD

230 BURIAL CREMATION, REMOVAL 23b. DATE Burial 7/13/84 23c NAME OF CEMETERY OR CREMATORY St. Elizabeth's

Baltimore,

STATE MD

DHMH - 16 50M 4/83 (VRA 15, 4)

Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Course Course

	EGISTRAR EASED NAMI	E FIRST		WIDDLE		CERTIFICATE C	20. DA	REG. I	MONTH	DAY YEAR	26 HOUR
	OR PRINT)		RICK	JOSEPH	GRIFFIN		DEA	F ESTI- TH MATED	7-26	19	M
3. SEX		4. RACE	5. DATE OF MONTH	DAY YEAR LA	AST BIRTHDAY) MONT	NDER TYR. IF UNDER		ATE DUNCED	7-26	DAY YEAR	12d HOUR 6:20P
Ma		White		21 1908 7	5 YRS.		DE	AD		19	#: ZUF
	RTHPLACE (5)	TATE OR		OF WHAT COUNTRY?	8 MARR	RIED TO NEVER MARR	IED		ORCOUNTY	OF DEATH	
	Alabama			.A.		WED DIVORC		.timore	/		MD
1	Y OR TOWN	OF DEATH	11. NAME C	OF HOSPITAL, NURSING	G HOME, OR OTH ADDRESS)	HER INSTITUTION	12a USUAL OC FOR MOST OF		TYPE OF WORK	2b. KIND OF BUS OR INDUSTR	SINESS
	Ltimore		Unive	ersity Hosp	ital STL	J	Lawye	er		Legal	
JSUA 30. ST		131 COU	NTY	ITION, GIVE RESIDENCE BEFOR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AD				
	ryland	Mont	gomery	Bethesd	la	YES NO	7	rerlea	Court	20816	
FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID	EN NAME	MIDDLE		LAST	
	Patric		J	Griffi		Georgi	a	P.		rowe	
6e. W	AS DECEASES	D EVER IN U.S. AF	RMED FORCES		SECURITY NO.	Patrick J		ADDRE	SSRd.	Darnest	own, M
	Yes	WWI	1	116-07					14101	Berryv	ille
	18 CAUSE O	F DEATH (Enter o	nly one cause	per line for (a), (b), and Multiple	(c).)	o with co-	nlicat:-			APPROXIMATE BETWEEN ONSET	
	011	IMMEDIA	ATE CAUSE (0)			S WITH COM	pricario	0115			
1	016	00		TO, OR AS A CONSEQ	UENCE OF						
	gave ri	ns, if ony, which se to immediate	e / (b))							
	gave ri	se to immediate stating the under	e / (b)	TO, OR AS A CONSEQ	UENCE OF						
	gave ri cause (a) lying cau	se to immediate stating the <u>under</u> use last.	(c)	to, or as a conseq							
7	gave ri cause (a) lying cau	se to immediate stating the <u>under</u> use last.	(c)	TO, OR AS A CONSEQ		SE OR CONDITION GIVEN IN PA	ART 1 (o),				
TION	gave riccause (a) lying cau PART 2 OTNER SI	se to immediate stating the <u>under</u> use last.	DUE (c)	TO, OR AS A CONSEQ O DEATH BUT NOT RELATED TO	O THE TERMINAL DISEAS		ART 1 (o),				
ICATION	gave ri cause (a) lying cau	se to immediate stating the <u>under</u> use last.	DUE (c)	to, or as a conseq	O THE TERMINAL DISEAS		NRT 1 (0),			20 AUTOPSY?	
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hos been prior	CERTIFICATION	190. DATE OF OPERATION		WHICH OPERATION WAS P	PERFORMED		IL IF YES, WE CERTIFYING YES		
certificate rial-transitental Hygi ltem 18 sh		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (SE EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONT		W INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)	
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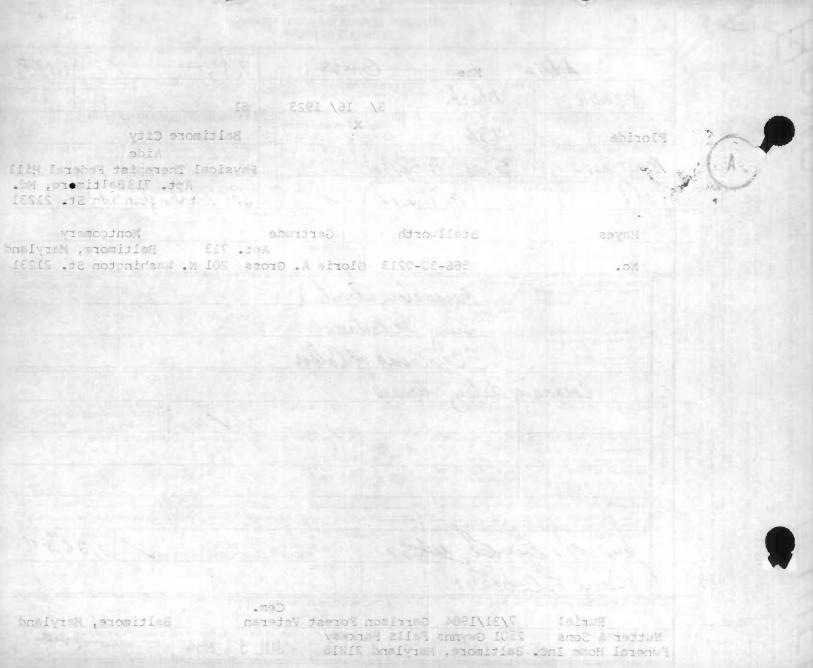
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINTI Mae 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH YEAR 16/ 1923 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore City Florida WIDOWED DIVORCED 126 USUAL OCCUPATION 126 INDUSTRY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH Physical Therapist Federal Hill TIMOS Q USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESP TAR CHAS Baltimere, Md. 136 GOLINES 201 North Washington St. 21231 IMON P 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Stallworth Gertrude Montgomery Hayes ADDRESS Baltimore, Maryland 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 713 Apt. IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 566-30-0213 201 N. Washington St. 21231 Gloria A. Gross No. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), godge : PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse accepana CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE DIVISION OF VITAL RECORDS, CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES NO T 218. ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated fe. (1) (we) (did) (did not) view the body oftendenth 77k SKINATURE DEGREE 22c DAJE SIGNEZ MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT. HATSCIAN'S NAME (1105 EN PROPI 22e ADDRESS should be 23c NAME OF CEMETERY OR CREMATER 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 7/31/1984 Garrison Forest Veteran Baltimore, Maryland Burial 24 NVIERALDIRE & JOSONS 2501 Gwynns Falls Parkway 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURES SIGNATUR DHMH - 16 50M 4/83 1 1984 Funeral Home Inc. Baltimore, Maryland 21216 (VRA 15, 4)



requires that the death certificate be

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Link	

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	1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE O REG. NO.	100	J 3
		CEASED NAME FIRST Margare	et Mary (ore) Gruver	July 4, 1984		26 HOUR 0945 AM
	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
ĮĮ.	-	Female	White		ber 22,1910		RS.	
1	C	RTHPLACE (STATE OR FOREIGN OUNTRY) nnsylvania	76. CITIZEN OF WHAT COUNTRY!	MARRIE WIDOWE	D NEVER MARRIED DIONORCED D	Baltimore City or cou	ity	Y MD.
3		ty or town of DEATH ltimore	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET South Baltimore	T ADDRESS)		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Factory Work	ING LIFE) INDUSTRY	of Business or Y Lnghouse
5	13a. S	TATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / ZIP (215 Sycamore	CODE	21090
W.	14 FA	THER'S NAME George E	• Dettmore		15. MOTHER'S MAIDEN NAM	ME MIDDLE B.	H€	ast eck
4	/ 17	(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECTION 166. SOCIAL S		Ralph E. Gru	ADDRESS	Same_a	e # 13
		Conditions, if ony, which gave rise to immediate cause (o), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART I	I(a)
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		IF YES, WERE FIND ERTIFYING CAUSE YES	
7		2 a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITE		
,	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
1		saw the deceased alive or	oital) attended the deceased from 19 oil view the body after death.	84.0	DEGREE ATTENDING PHYSICIAN	ne Tale and MEDICAL STAFF DIRECTOR PHYSICIAN	d hour and Irom th	that (I) (we) last the causes stated
		David (de Pree		3001 S	HANNOUZR	BALT	r MD
		URIAL, CREMATION, REMOVAI SPECIFY) Burial	7.1 7 1004 6		EMETERY OR CREMATORY f Heaven Cem.	23d LOCATION CITY OF TOWN Hanover	COUNTY	STATE New Jersey

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

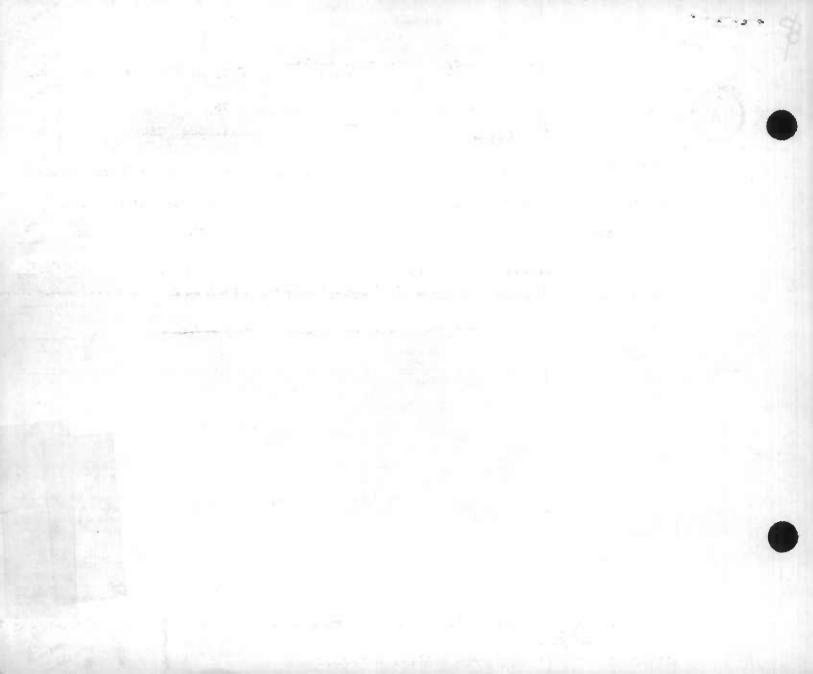
should be detached for use as the buriof-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removel.

MPORTANT: If Hem 21 is marked or New 18 shows any injury, or other traumatic event the medical exam

24 FUNERAL DIRECTOR ADDRESS
Singleton Funeral Home Glen Burnie

Maryland

23a. DATE REC'D BY REGISTRAR 23% REGISTRAR'S SIGNATURE
JUL 1 0 1984 Julia Davidson-Rondelle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME FIRST $\Pi\Pi$, TAN 18 84 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HR 4. RACE MONTH YEAR 1929 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED X DIVORCED BALTIMORE CITY West Virginia U.S.A. 126. KIND OF BUSINESS OR CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOSTLOF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lt.Col.-US ARMY VAMC 3900 LOCH RAVEN BLVD Military BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE

13b. COUNTY

13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 203 Americana Circle Apts. 21061 YES 🗌 NO J Anne Arundell Glen Burnie Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE Wilfong Matthew Μ. Gum Carrie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 2918 Woodthrush Drive S.W. (IF YES GIVE WAR OR DATES) Robert K. Gum - Roanoke, Virginia 24018 1949-1971 232424501 ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 16 win IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF iver disease/ cirrhosis Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause Bleeding PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21f LOCATION

CITY OF TOWN

COUNTY

22c. DAJE SIGNED

Crownsville, Anne Arundel, MD

STATE

226 SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

21d INJURY OCCURRED

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

oward

Kosen

P.M

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

MN

MK

23c. NAME OF CEMETERY OR CREMATORY

Crownsville

21222

DEGREE

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

JULY

and that in (AV)(our) opinion death occurred on the date and hour and from the causes stated

3900 LOCH RAVEN BLVD BALTIMORE, MD

MPORTANT.

ö

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

7/20/84 Burial

23b. DATE

7922 Wise Avenue, Dundalk, MD

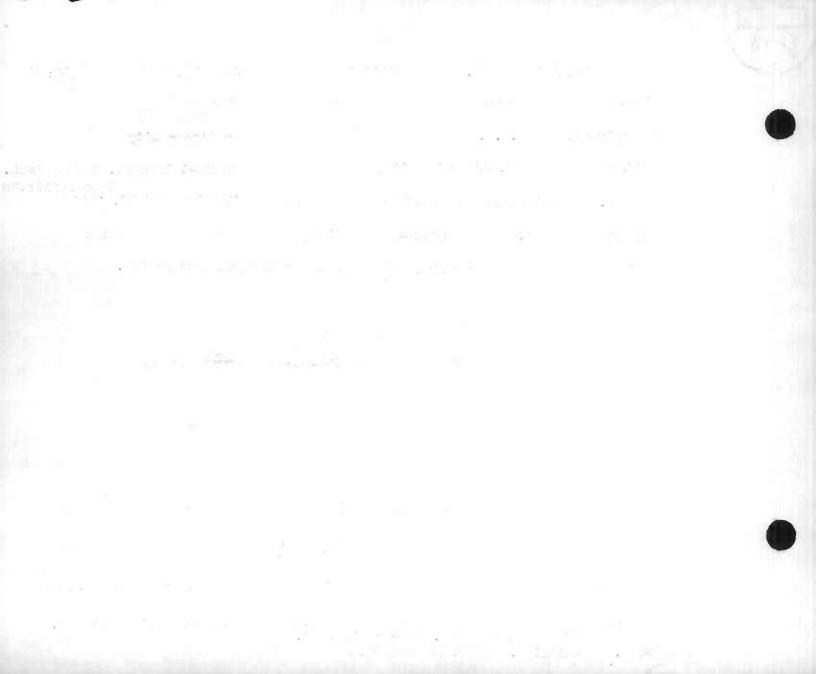
22a. I certify that (IXthis haspital) attended the deceased from

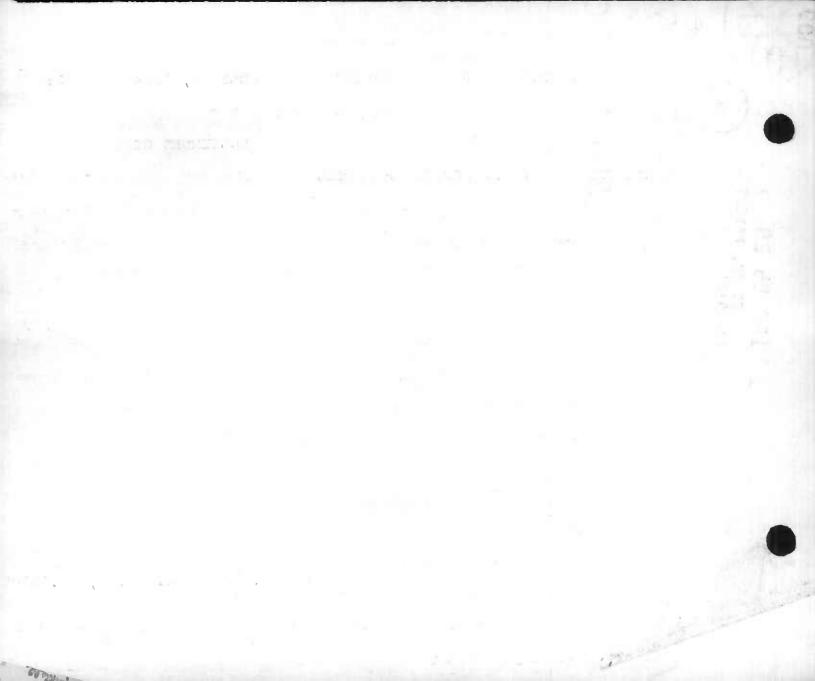
obove, (I/I/we) (did) Aut Not) view the body after death

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE COM

DHMH - 16 50M 4/83 (VRA 15, 4)







Hubbard Funeral Home, Inc. 4107 Wilkens Ave

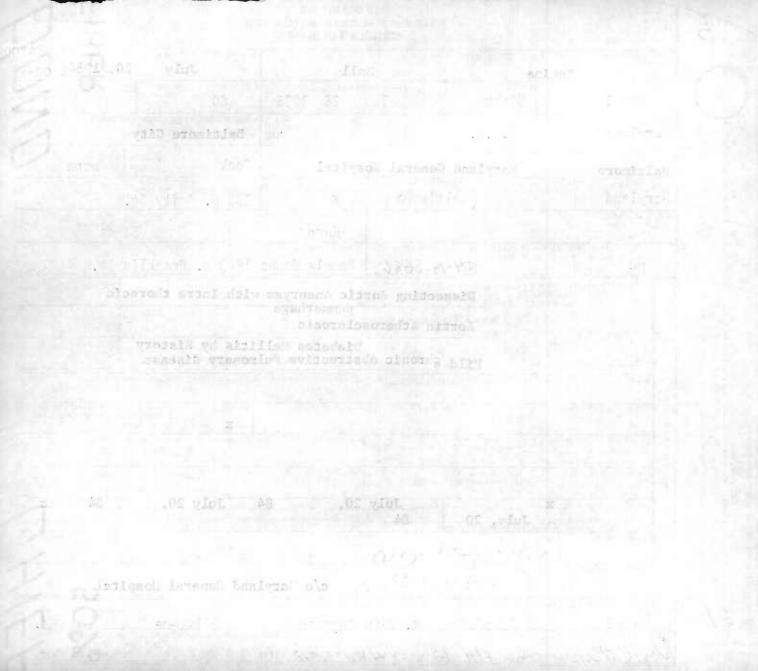
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4) 1/79

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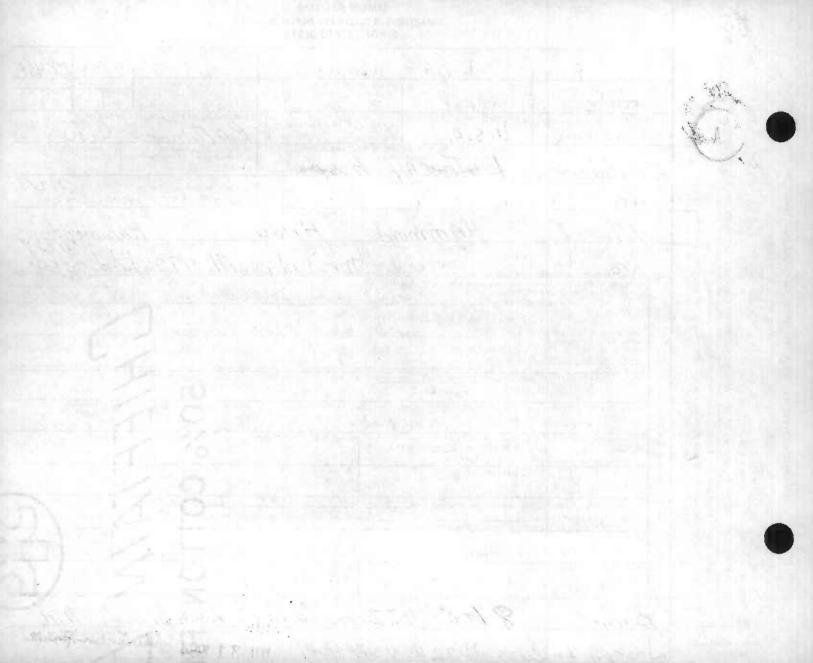
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X	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 4	1 8	5 5 8
-	{TYPE	CEASED NAME FIRST		MIDDLE	Harr		20. DATE OF DEATH	23 -84	26. HOUR 4'55
(A)	3. SE	× M	RACE Blo	ick	5. DATE C		6. AGE (IN YEARS LAST BIRT		DAYS HOURS M
COUNTRY)		RTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	76 CITIZEN OF	SA.	MARRIEI WIDOWE	NEVER MARRIED ,	BALTIMORE CITY O		тн
outfled S	(Baltmare	Sinal	HOSPITE D	+ Bult	mother institution	120 USUAL OCCUPATION OF WORK FOR MOST O	F WORKING LIFE) INDU	IND OF BUSINESS (STRY
hould be	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR Maryland		136. CITY OR TOW	/N	13d. INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS		. 21215
ond 2 s	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAST
		John · was deceased ever in u.s. ar		Hamer 16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	SS	
Poges		YES NO OR UNKNOWN) (1F YES, GI	VE WAR OR DATES)	N/A		Ophelia Ma	tthews 33	33 Virgi	nia Ave
prior to bur	CERTIFICATION	PART 2. OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE				20a AUTOPSY?	706. IF YES, WERE	
shows	E E						YES NO	YES 🗌	NO 🗌
Mentol Hygins or Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY I.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	KED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORP.	ART 2)
s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY FREET, FACTORY, OFFICE, F	FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn cour	NTY STATE
for use of of Health		22a.1 certify that (I) this hasp			7-0	, 19 84 and that in (my) (our) opinion of	death occurred on the do	, 19_84	, that (I) (we) I
e Dept.		above, (I) (we) (did) (did no 22b. SIGNATURE	of view the body	D	\vD.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		DATE SIGNED
old b		220 PHYSICIAN'S NAMBLITYPE OF		(iD)		7135A ROLLA	2 \ 0 \		
5 3 ≧		BURIAL, CREMATION, REMOVAL BURIAL	7 / 2 7			emetery or crematory Zion Cemete:			Mu.
50M 4/B3	24. FI	BURIAL, CREMATION, REMOVAL	7 / 2 7	7/84 Mo	unt 2	EMETERY OR CREMATORY Zion Cemete:	23d. LOCATION	vne,	

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# - 23 - 25 - 1 - 415 -	12000			
	2 1 2 2 2 2		M. M.	
	and the John Street of The Str	trace of		
	7-(120, 30)			
	H. S. Contraction			
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The second second		A SLAUSING		

- 1		OR					MENT OF	HEALTH		NTALH	-			8	0 6	9	
	F	REGISTRAR			MED		EXAMIN	ER'S C	ERTIFIC	ATE O	F DEA		REG.	_			
		CEASED NAM				MIDDLE			LAST			2a. DATE OF	KNOWN ESTI-	XX MON	ITH DAY	YEAR 21	, HOU
ł				RENCE				MILT					MATED		-7-8419		
	3. SEX	ALE	WITE ITE	S DATE MONTH	OF BIRTH	YEAR \$	6 AGE (IN YE)	MONTH		HOURS	24 HRS.	PRONOU DEAL	NCED	7	7-7-84	YEAR 2	MAC
	7a. BIF	RTHPLACE (S	TATE OR	7b. CITI2	USI	AT COUN	TRY?	8. MARRI WIDOW	ED NEVI	ER MARRI	ED 🔄		AORE CIT	_	TV	TH	м
		Ltimor		(IF NO	AE OF HOSP OT IN SUCH FACE	ILITY, GIVE ST		or oth		ION		AL OCCU	JPATION ((TYPE OF WO	RK 12b. KIND	OF BUSII DUSTRY	
i	ISUA 13a. ST	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INS	STITUTION, GIVE	ERESIDENCE	OR TOWN	ONI	13d. INSIDE CIT	Y LIMITS?	13e. STRI	EET ADDO			30312	2	/
ł	14 FA	THER'S NAME		46/1	, ,		176X		15. MOTHER			7 0	1766	<i>O</i> / -	Λ.		
ı		FIRST		MIDDLE		-01	LAST						MIDDLE	j.	MUKER	0 - 1	
1	16e. W	WILL AS DECEASE	DEVER IN U.S. AF	RMED FOR	CES?		EPCS CIAL SECURIT	Y NO.	401 17. INFORM.	ANT			ADDR		144-61	N	
1	(YE	S, NO, OR UNKNO	OWN) (IF YES, GIV	E WAR OR DAT	TES)		NONE		20.85	des.	MA	11	297	nE			
1			F DEATH (Enter a	nly one cou	use per line f				-037	ALT	-06	<u>~)</u>	PTI	7/5		XIMATE IN	
ı	7	PART I DE	ATH WAS CAUSE	ED BY:	Mis		le inj	iries	with	COMP	lica	tions	3		BETWEEN	ONSET A	ID DE AT
ı	>	213	22 IMMEDIA	ATE CAUSE	(0)		ISEQUENCE (
1			ns, if any, which														
1			se to immediate) stating the under	<	(b) UE TO, OR A	AS A CON	ISEQUENCE (OF									
1		lying cas	use last.	1													
	7	PART 2 OTHER ST	GNIFICANT CONDITION	S CONTRIBUTII	(c) NG TO OEATH BI	UT NOT RELA	TED TO THE TERM	INAL DISEASI	OR CONDITION	GIVEN IN PAI	RT 1 (a)						
4	CERTIFICATION	IR. DATE OF	OPERATION	110	a CONDITI	ONEORY	WHICH OPER	ATIONIN	A S DEBEORA	4ED2					20 4117	Obcva	
1	N.	IN DATE OF	OFERATION	1	70. CONDIII	ON FOR	WHICH OPEK	ATION W	MJ PERFOR/V	ILU!					20 AUT	_	_
4	STE	21a EYTEDNI	AL CAUSE WAS	21	16 TIME OF	INTILIDY		21, 14	W INJURY (OCCUPATION OF	D JENITED :	LATURE OF "	ALILIDA IPLI ISE	4 10 D4 DT 1 0			NO [X
1	MEDICAL CE	UNDERLYING CONTRIBUTI	S XXOR	DEATH	11:50A	WO.BH		dri	ver o								33
1	AED	21d. INJURY C	DCCURRED		STREET, FACTO				REEL	^	01.1	GITY OR TO	OWAL	Da	1 COUNTY	1/10	STATE
J	-	AT WORK	NOT WHILE	X	STREET FACTO	ет		Old	Easte	er Av	e.aw	eber	Ave.	Ба	l'T'More	۱۷۱۰ و	•
A	1	The second	fy that Ltook char	rge of the r ural causes	m /	Accident		Autap	Homicio	-	Undet	Inquiry ermined m	nonner [],	y apinian ATE 7-8-	-84	
	23c Pt	EXAMINER'S (TYPE OR PRI	INI)		F. Smy		M.D.		ADDRESS			Str	eet				
	230.BL	PECIFY)	TION, REMOVAL	JUL	1 11 0	236.	16/1	METERY O	CREMATO	KT	CITY	OR TOWN	- 07		COUNTY	MA	-
	25 FL	UKJ/	TOR	JUL	11/17	84/	TOLLY	1140	[2]	5e. DATE F			AR 25h R		-	11/10	
		NAME			ADDRESS	11						198	. 14.	GIST AR	Hason-No	HO-POP	A
		CONN	ELLY 1	MNE	RIN	1101	116 50	OMIL	E AVE	_JU	1 .	r DO	7				

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BP DHMH - 16 50M 4/83

(VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examiner must be

STATE OF MARYLAND

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1	10.					
	MONTH	DAY	YE AR	2	b. HOUR	
	-	1.	01.		1 6	

1-	STATE REGISTRAR		VEFAKI	CERTIF	ICATE OF D	EATH		NO.			
	EASED NAME , FIRST	^	AIDDLE	ı	AST		20. DATE OF DEATH	HINOM	DAY Y	EAR	2b. HOUR
TAPE	ROSE (LUC		MARIE	HAR	DY			7	4 8	4	10P
3. SEX		4. RACE		5. DATE C			6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER		IF UNDER 24 HRS
1	FEMALE	WH:	ITE	05	30	^{YEAR} 29		55 Y		DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8	- E NEVER	. ADDIED	9. BALTIMORE CIT			TH	
0	MARYLAND	U.S	5.A.	WIDOWE	D X NEVER A	ORCED	BALTI	MORE	CTTY		м
10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C		-	120. USUAL OCCUP	ATION	12b. K		BUSINESS OF
1	BALTIMORE		AGNES H		Τ.		HOUSEWI		NG LIFE} INDU	STRY	8.10
USUA	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	RE ADMISSION)							
	ARYIAND 136 COU	NTY	BALT IM		YES T	NO 🗍	3642 GRE			21	1229
	THER'S NAME		DALLIE	OKE		MAIDEN NA		LIL VIII	iii Romb	, 2.	LZZJ
	FIRST	WIDDLE	CADAT	TIA	MAF	FIRST	MIDDI	E	UNKN	LAST	
16n V	JOSEPH AS DECEASED EVER IN U.S. A	PMED EORCES?	CADAL'		17. INFORMA		AC	DRESS	UNKN	OWIN	
	ES, NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES)							NIXI A T TO	D D	01000
	NO		215-22		RAMONA	S. HA	KDY 3642	GREE	NVALE		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse per ED BY:				. 11			BET	IWEEN OF	NATE INTERVAL
1 1		TE CAUSE (a)	(ARDI	OPULA	nowary	142	inost				
		DUE TO, OF	R AS A CONSEQU	JENCE OF	0	0			9	fa a	1.1010
1 1	Conditions, if ony, which	(b)	WETAS	MATIC	6000	UA	ncinoma	•	1	MI	ONTHS
	gove rise to immediate couse (a), stating the	DUE TO OF	R AS A CONSEQU	JENCE OF							
	underlying couse last.	(c)_			Des Sich			41			
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PA	ART 110	
S S											
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		F YES, WERE F		
E E							YES TO NOT		RTIFYING CA	AUSES C	NO []
EX	210. ACCIDENT WAS UNDERLYING				21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF		A 18 PART TORPA	ART 2)	
CAL	OR CONTRIBUTING CAUSE OF DE	AIH	M. MONTH E		23.35						
DIC	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P./ 21e. PLACE (19	21f. LOCATIO	N					
MEDI			EET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY	RTOWN	COUP	414	STATE
	AT WORK AT WORK			20.7	VNE	06	~ . 4 V	129			
1	22a I certify that (I) (this hasp			100		, 19	death accurred on the				nat (wello:
	saw the deceased alive o	at) view the bady	after death.			(Will phinon	dedin occurred on in	e dore ond			
	27h SIGNATURE		11	2	DEGREE	TTENDING	MEDICAL	TAFF	1 226.	DATES	IGNED
	/ fride	w	12/1	//	10	PHYSICIAN [DIRECTOR PH		4	Vu	MALL.
	22d. PHYSICIAN'S NAME (TYPE	-	/		22e ADDRES	0	1	0			MA
	ANDROW	INOP	101		1900	CATON) Me.	191	AUTIM (me	M VD.
	URIAL, CREMATION, REMOVA	L 23b. DATE	23ε.	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION	,	COUNTY		STAPE
	SPECIFY) NTOMBMENT	07-09	-84	CF	EDAR HI	LL	BROOKLY		A.A.	M	ARYLANI
	INERAL DIRECTOR				229		E REC'D. BY REGISTI				
Н	UBBARD FUNERAL	HOME, I	NC. 4107	WILKE	ENS AVE	. 11111	1 0 1004	alia .	Davidson	Bon	400

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FOR STATE REGISTRAR

STATE OF MARYLAND DE

PARTMENT	OF HEALTH	AND MENTAL	HYGIENE				
CE	RTIFICATI	OF DEATH					

					KEO. 140.				
I	DECEASED NAME FIRST	MIDDLI	E L/	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
н	(TYPE OR PRINT) AARON	И.	HAR	RFELD	07	5 84 905 pm			
1	SEX	4 RACE	5. DATE O	VI 9	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
ľ	00	. (MONTH	DAY YEAR	211	MONTHS DAYS HOURS MIN.			
, L	/ / LALE	WHITE	12	11 09	/4 YRS.				
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH			
M	VIRGINIA	U.S.	WIDOWE		Battimore	City MD.			
#	O CITY OR TOWN OF DEATH		PITAL, NURSING HOME O		SPANERS MANUACION LEC	TOPE KIND OF BUSINESS OR			
71"	Baltimas	(IE NOT IN SUCH FAC	TLITY, GIVE STREET ADDRESS		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TIFE) T INDUSTRY			
	DOUTH MORE JOURNAL RESIDENCE IF NURSING HOME	OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSION	+					
4	30 STATE 136 CP		CITY OR TOWN	134 INSIDECTTY LIMITS?		APT. B-4 #2120			
4	· lock Machael	110.	saltimore	YES NO NO	7205 Brooks	crust Way			
ă I	4. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA/	ME	LAST			
	DAVID	HA	ARFELD	YETTA		UNKNOWN			
1	60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECURITY NO.		RS. PAULÎNE HARI	FELD APT. B-4			
1	(YES, NO OR UNKNOWN) (IF YES (GIVE WAR OR DATES)	09-10-1073A		CREST WAY BALTO				
1					CREST WAT DALLE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ı	18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	SED BY	1 -	-					
Т	IMMEDI	IATE CAUSE (0)	deno carci	nomas Co	ng	year			
ı		DUE TO, OR AS	A CONSEQUENCE OF	Α	0				
ı	Conditions, if ony, which	(b)	Kespirator	Arrest		1 day			
П	gove rise to immediate couse (a), stating the	DUE TO OR AS	A CONSEQUENCE OF	2		0			
Т	underlying couse last	(c)							
۱	PART 2_OTHER SIGNIFICAN		RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART 110			
ı	Z								
H.	190. DATE OF OPERATION 110. ACCIDENT WAS UNDERLYING	19b. CONDITION	N FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED			
1	FIC				/	TIFYING CAUSES OF DEATH?			
4	21a. ACCIDENT WAS UNDERLYING	☐ 21b. TIME OF IN.	IIIPV	71, HOW IN HIPV OCCUPE	YES NO NO NEED (ENTER NATURE OF INJURY IN ITEM 18	YES NO			
		110110 111	MONTH DAY YEAR	THE TOWN IN SOME OCCURRE	CED LEWISK MATORS OF INJURY IN HEW TO	S PART I ORPART 2)			
	O (IF EITHER NOTIFY MEDICAL EXAMIN	NER) P.M.	19						
1	OR CONTRIBUTING CAUSE OF I	21e PLACE OF IT	NJURY MCTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
1	WHILE NOT WHILE AT WORK		of the state of th						
1	22a.1 certify that (I) (this has	270.1 certify that (I) (this hospital) attended the deceased from July 5 19 84 to July 5 19 84 that (I) (we) last							
ı	sow the deceased alive	saw the deceased alive an the date and from the causes stated above, (1) (we) (did) (did not) view the body after death.							
	22b SIGNATURE	not view the body offer		DEGREE		22c DATE SIGNED			
	Shari	Sanhi	,	ATTENDING	MEDICAL STAFF	1 75/01			
4	22d. PHYSICIAN'S NAME (TYP	AU PAUV		PHYSICIAN [DIRECTOR PHYSICIAN	1 /3/14			
	CI I C	OKPRINT		S. I W	0 1-1-1	ı			
1	1 Uhari O	spher		Joinas MC	SPITAL				
2	30 BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE			
	SPECIFYBURIAL	7/8/84	HEBREW	FRIENDSHIP	BALTIMORE	MARYLAND			
2	4 FUNERAL DIRECTOR SO	L LEVINSON	& BROS., INC		E REC'D. BY REGISTRAR 251 REGIS				
	6010 REISTERS	י מת ואוטסוו	PAITO IN	1 13 1	1 1 0 1984 July	PURCH THERE			
	OUTO KETSTERS	TOWN KD.	DALLU, MU	21215	- 4 - 1441				

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by ishould be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cri

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT If Hen 21 is marked or Item 18 shows any injury, or other traumatic event, the

FOR - STATE REGISTRAR

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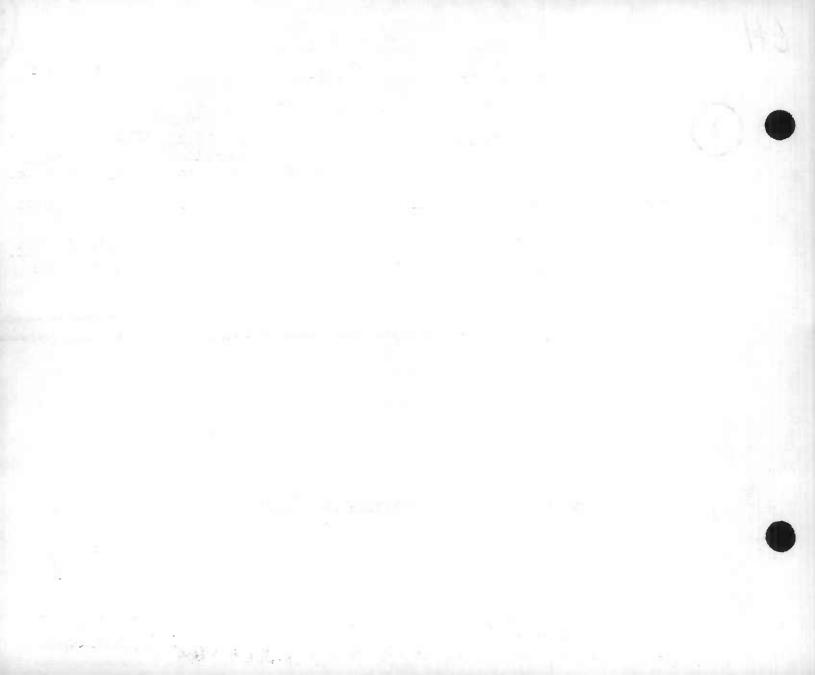
STATE OF MARYLAND	24	1
PARTMENT OF HEALTH AND MENTAL HYGIENE	E. C	E
CERTIFICATE OF DEATH	PEG NO	,

- 1										20.110.			
-1		EASED NAME	FIRST	٨	AIDDLE	Į,	AST		20 DATE OF DE	ATH MONTH	DAY YEA	2b. HO	UR
-1	[TYPE (OR PRINT)	LIVER		J.	HAR	KER, JE			7	4 84	1	00a
ŀ	3 SEX		TT TELL	4. RACE	U .	5. DATE C			6. AGE (IN YEARS	I A ST BIRTHIN AVI	IF UNDER 1 Y		R 24 HRS
-	3 SEX			4. RACE		MONTH		YEAR	a. AGE (INTERES	LASI BIRITIDATI	MONTHS DA		MIN.
	Ma	le		Whi	te	7	21	1928	55	Y	RS.		
-		RTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	G		9 BALTIMORE	ITY OR COL	JNTY OF DEATH		
)		OUNTRY)					NEVER		DAITTM	ODE	CITY		
-1		ryland			.A.	WIDOWE		VORCED [BALTIM				MD.
4		TY OR TOWN OF DEA	AIH		HOSPITAL, NURSIN		DK OTHER INS	IIIUIION	TYPEWE	LESECTWORK	12b. KIN ING LIFE) INDUST	DOFBUSIN	man
Я	BA	ALTIMORE		VAMC I	BALTIMORE	, MAR	YLAND :	21218	Repair			write	
7	USUA	L RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION.						-			1 00.
3	13a. S		131 20UN		13c. CITY OR TOW		13d INSIDE C		13e.STREET ADD				
		aryland	RaTi	timore	Dundal	K	YES 🗌	NO 🔀	2/64 P	lainfi	eld Road	1 2	1222
100	I4 FA	THER'S NAME		MIDDLE	LAST		IS. MOTHER	S MAIDEN NAM		DDLE		LAST	
u		Oliver		J.	Harker,	Sr.	He	elen	- 1	м.	K	ima	
寸		AS DECEASED EVER			166 SOCIAL SECL		17 INFORMA	NT		ADDRESS 2	764 Pla:		A RA
) [ES, NO OR UNKNOWN)		E WAR OR DATES)	220 22	6180	7 hrs = 1 = a	TT =1=					
1	Ye		Kore	ean	220 22	0.100	omeko	Harker		B	alto. MI		
H		PART I. DE ATH W	H (Enter on	ly ane cause per	line for (a), (b), an	id ic··					BETW	ROXIMATE INT EN ONSET AN	DOEATH
- 1		PARTI. DEATH W		E CAUSE (a)	Sint	ic S	huck				M	orths	
ı	- 1					ENICE OF							
-1		Carallel of	1	DUE TO, OF	R AS A CONSEQUI	ENCEOF	Ail	1 41					
-1		Conditions, if any, which gave rise to immediate											
-1		couse (a), statir	ig the	DUE TO, OF	R AS A CONSEQUI	ENCE OF							
П		underlying cause	last	((c)									
П		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OF	CONDITION	GIVEN IN PAR	l lo	
-1	CERTIFICATION												
7	AT	19a DATE OF OPERA	TION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY	2 20b	IF YES, WERE FIN	IDINGS USE	D
11	F.									_ IN C	ERTIFYING CAU	SES OF DEA	TH?
4	E						T				YES 🗌	NO	
21	Ü	210. ACCIDENT WAS UNI		216. TIME O	FINJURY M. MONTH D	AY YEAR	21E HOW IN	IJURY OCCURRE	ED (ENTER NATURE	OF INJURY IN ITE	M 18 PART I OR PART	2)	
11	AL	OR CONTRIBUTING		CI FI		19							
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATE						
ı	¥.	WHILE NOT WE	HILE [(AT HOME STR	EET FACTORY OFFICE F	FARM ETC)	STREE		CI	TY OR TOWN	COUNTY		STATE
- 1		AT WORK — AT WO	KK			********							
		220.1 certify that			e deceased from_	<u>FEBRU</u>	ARY 22	_, 1984		ULY-4	— 19 84 —	— that (by	(we) lost
		saw the decease above, (I)(we) (e	ed alive an	t) view the body	ofter death	84. or	nd that in Ty	(aur) apinian d	eath occurred ar	the date an	d haur and fram	the causes s	tated
- 1		22h: SIGNATURE	A A A A	2/2	1		DEGREE				22c D.	ATE SIGNED)
- 1			111	1 /	. \			ATTENDING	MEDICAL	STAFF	T I	lular	(
\exists		774 PHYSICIAN'S N	1131	luy 1	42		22e ADDRES	PHYSICIAN [DIRECTOR [PHYSICIAN L		1187	
П		I I I I I I I I I I I I I I I I I I I	100	1			ZZE ADDRES	55				- (
Ц		KL	Rolen	MA									
	23a. B	URIAL, CREMATICIN.	REMOVAL	73b. DATE	23c. !	NAME OF C	EMETERY OR	CREMATORY	23d LOCATIO				
	(5	SPECIFY)	-						CITY OR TH		COUNTY Daltin		STATE
-	24 511	Buri		7/7/8		OTTA 1	HIII CE	metery			, Baltin		MID
	/4 FU	INERAL DIRECTOR	שuda-	-Ruck, I	nc.			7.5	REC'D. BY REGI		GISTRAPE SIGI		lace.
			T.7.2	7	Dundalk	MD	21222	41	11.6		Part Part (40)	- A - ak	

DHMH - 16 50M 4/83 (VRA 15, 4)

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requires that the death certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

	1-	FOR STATE REGISTRAR	DEPARTA		IEALTH AND MENTAL HYG	REG. NO.	0 0 .	
1	1. DEC	EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26.	HOUR
	(TYPE	ORPRINT) LERDY	1	160	000115	2	31 84 4	1.15 P
1	3. SEX		RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
	,	Male	White	Dec	H 2DAY OF OYEAR	65	MONTHS DAYS HO	DURS MIN.
7			b. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR COL		
		inuland	U.S.A.	WIDOWI		Baltimone	Citu	MD.
7	10 CT	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BU	
1	1	Baltimore /	St. Agnes Hos	pital		Machinst	inglife) INDUSTRY arr Low	ney la
4	13a. S	1 1 100	Y 13c, CITY OR TOW	N	134. INSIDE CITY LIMITS?	13e.STREET, ADDRESS / ZIP	CODE	2
4			Arundes Linthic	um	YES NO 🔏		oad 210	90
1	H. FA	THÉR'S NAME FIRST M	IDDLE , LAST		15. MOTHER'S MAIDEN NA/	WE	LAST	
a		reorge	Haruma		Estelle		LeB	on
51	160 M	VAS DEČEASED EVER IN U.S. ARN (ES NO OR UNKNOWN) (IF YES, GIVE	(ED FORCES? 16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRESS		
		yes W.W.	2 213-05-6	685	Lydia E. Har	rman (Wile) Sa	mea s # 13	
-			one cause per line for (g), (b), on	d(c).)	1 -	. /	APPROXIMATI	T AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE		iraj	tory tar	lure.		Service 1
			DUE TO, OR AS A CONSEQUE	ENCE OF	1 -1	1		
П	Mo	Canditians, if any, which	(16) Puln	no bro	ary toden	na / Jeps	15	
		gave rise to immediate cause (a), stating the	DUE JO, OR AS A CONSEQUE	ENCE OF	1 51	· \		
		underlying couse last.	(Chrom Obstr	veti	ve forma	nary Dise	act.	
	z	11 + 0	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	11 45-1	N GIVEN IN PART ITO	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	NI WASDEDEDDANED	200 AUTOPSY?	IF YES, WERE FINDINGS	LISED
4	FIC	196. DATE OF OFERATION	176 CONDITION FOR WHICH	OFERATIO	N WAS PERIORMED	1946	ERTIFYING CAUSES OF	DEATH?
-	ERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		1216 HOW INTURY OCCURE	YES NO NO RED (ENTER NATURE OF INJURY IN ITE		40 <u> </u>
1		OR CONTRIBUTING CAUSE OF DEAT	LIGHT A MA MONITH D	AY YEAR	THE HOW INJOKT OCCOR	CED (ENTER NATURE OF INJURY IN THE	M 10 PART I ORPART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	ZIF LOCATION			
	MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK		- 17	/30 09	1 7/37	54	
		220.1 certify that (1) (this haspite saw the deceased alive an_	1) attended the deceased from _	84/	nd that in (my) (aur) aninian	death accurred an the date an		t (I) (we) last
	1	abave, (I) (we) (did) (did nat) 22b. SIGNATURE	view the body after death.		DEGREE	acom accorded on the code on	22c DAZE SIG	
3		Han Signature	all		ATTENDING	MEDICAL STAFF	12/21	184
/		22d. PHYSICIAN'S NAME (TYPE OR	PRINT	-	PHYSICIAN [DIRECTOR PHYSICIAN	8 1/13/	0 /
		Loseph	Bone //					
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c h	VAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	B	specify) Junial	8-3-1984	odan i	4:110	BAltimore	Aure Arundel	MD.
	-	JNERAL DIRECTOR		337 E	PATAPSE O ATE AS	E REC'D. BY REGISTRAR 256. RI		
	m	10 Cully Funera	Home B.	all m	- AU	16 2 1984	milwon-No	ησειε

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pagewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician. IMPORTANT: If Item 21 is marked or Item 38 states any injury, arother traumatic event, them

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7	Ι.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	80/0
	1.	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
page 3		CEASED NAME OF PERSON MIDDLE STATE OF DEATH MONTH OF PRINTING FOR STATE OF DEATH MONTH 7-1	3-84 448 M
rector, pag	3. SE	Gemale Col. V 6-15-1898 86 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Po	70. B	RIMPLACE (STATE OR FOREIGN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTOMORE CITY OR COUNTRY ON IN MARRIED DIVORCED DIVORCED	8 Cily MD.
of the f	E	AL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION TO SENDENCE BEFORE ADMISSION	176. KIND OF BUSINESS OR INDUSTRY
25 July 25	12	ACHIAN 136. COUNTY 136 STY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIO CODE ACHIAN 136. COUNTY 136 STY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIO CODE ACHIAN 136. COUNTY 136 STY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIO CODE ACHIAN 136. COUNTY 136 STY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIO CODE ACHIAN 136. COUNTY 136 STY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIO CODE ACHIAN 136. COUNTY 136 STY OR TOWN 136 STREET ADDRESS / ZIO CODE ACHIAN 136 STREET ADDRESS / ZIO CODE ACHIA	Court
and 2		FRIST UNKNOWN EIRST UNKNOW	LAST
on and c		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 12 INFORMANT ADDRESS Mrs. Georgia Rush 2211	1. FRemonTAV
g physicic anpaper remaval.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUDIAC AVVEST AVVEST	BETWEEN ONSET AND DEATH Will HES
the death ce the attendin remave corb ematian, or r er froumatic		Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF OUR TO, OR AS A CONSEQUENCE OF	20 years
n signed by the Then please rei to burial, crem injury, ar other	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE A CONDITION OF THE CONDITION OF THE PROPERTY OF THE PROPER	/EN IN PART 11a
nos been permit. ne prior ws any	CERTIFICATION	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206, IF YE. IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
PHYSICIAN: The ending physicia this certificate the burial-transit at Mental Hygie dar Item 18 sha		216. ACCIDENT WAS UNDERLYING TO ACCIDENT WAS UNDERLYING ALEXAMINER OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTHEY MEDICALEXAMINER) P.M. 19	'ART TOR PART 2)
or attending After this cas the burallith and Memorked at It	MEDICAL	21d. INJURY OCCURRED WHILE DIOLIMINE AT WORK AT WORK 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) 21f. LOCATION STREET CHYOR TOWN	COUNTY STATE
TTEN pital TOR: for us of He		278.1 certify that (1) (this hospital) attended the deceased from	19, that (I) (we) last or and from the causes stated
the harter process to be Dep		278 SIGNATURE & Seloniel W DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	7-13-84
TO HOSPITAL To FUNERAL Should be det with the State		Strart E. Sclonich, 14.0. 226. ADDRESS	
BP		SURIAL, CREMATION, REMOVAL 23b. DATE 21c NAME OF CEMETERY OF CREMATORY 23d LOCATION CONTROL CO	Co. Sod.
DHMH - 16 50M 4/83 (VRA 15, 4)	74.F	oseph Leluss 222 Ly North Aug JUL 20 1984 June 18	RAR'S SIGNATURE

The In Co.S. A. Mille Louis Det Grand Liver and Liver NO I THE STATE OF 7-12-81 Rugger Toll 1 to facilities Little Com Land

within 24 hours afte

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.			
20 DATE OF DEATH MONTH	DAY	YEAR	26. HOUR
July 18, 19	984		
6. AGE (IN YEARS LAST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HR
	MONTH	DAVS	HOURS MIR

					110.0				
. DECEASED NAME	FIRST	MIDDLE	LAST		2a DATE OF DEATH	MONTH	DAY YEAR	2b. HO	UR
(TYPE OR PRINT)	Helen	F.	Harp	er	July 1	8, 19	84		
B. SEX	4. R/	ACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDE	R 24 HRS
Female		White	July 29,	1902	81	YRS.	MONTHS DAYS	HOURS	M IN.
6. BIRTHPLACE (STATE C	OR FOREIGN 76 C	ITIZEN OF WHAT COUNTRY	MARRIED NEV	ER MARRIED T	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
COUNTRY) Maine		U.S.A.	WIDOWED	DIVORCED [Baltimo	re Ci	ty		M
0. CITY OR TOWN OF D	EATH 11.	NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 100 Fleetwood	T ADDRESS)	INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired T	OF WORKING			
USUAL RESIDENCE (IF NO	JRSING HOME OF OTHE	R INSTITUTION, GIVE RESIDENCE BEFO		DE CITY LIMITS?	13e.STREET ADDRESS				

1	76. BIRTHPLACE (STATE OR F	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	тн
I	Maine	U.S	· A · WIDOWI		Baltimo	re City	MD.
	10. CITY OR TOWN OF DEA	(IF NOT IN SU	HOSPITAL, NURSING HOME (CH FACILITY, GIVE STREET ADDRESS) Fleetwood Ave.	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C Retired T	OF WORKING LIFE) INDU	
		ING HOME OF OTHER INSTITUTION 13b. COUNTY	130. CITY OR TOWN Baltimore	134. INSIDE CITY LIMITS? YES NO 🗌	13e.STREET ADDRESS 4100 Flee	zip code	21206
	Samuel	WIDDLE	Freedman	15. MOTHER'S MAIDEN NA FIRST Mary El	len Fran		Haggerty
	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	212-10-0687	17. INFORMANT Edna Wilson	1901 Wilhe		lto. Md.
	PART I. DEATH W	H (Enter only one couse pe AS CAUSED BY: IMMEDIATE CAUSE (a)	r line for 10), (b), and 101.1	ae lines	f	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	Canditions, if any,	which ((b)_	OR AS A CONSEQUENCE OF	relevolie	Heart.	Shy o	24 m
	gove rise to imm cause (a), statin underlying cause	g the DUETO, C	DR AS A CONSEQUENCE OF				
		IFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR COM	DITION GIVEN IN PA	ART Ira=
1	19a DATE OF OPERAT	TIÓN 196 CONE	DITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206-IP YES, WERE IN IN CERTIFYING CA YES [
	210 ACCIDENT WAS UND OR CONTRIBUTING		OF INJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	ART 2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) STREET 27s.1 certify that (I) (this hospital) attended the decrosed our) opinion death occurred on the date and hour and from the causes stated 77h SIGNAHURI 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN NAME (TYPE OR PRINT) 77e ADDRESS Baltimore, Md. Wyman K. Wong. M.D.

23c. NAME OF CEMETERY OR CREMATO

Westview Memorial Park

Cremation 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

REGISTRAR

Leonard J. Ruck, Inc. Baltimore, Md.

BALTIMORE
BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Md. SIATE

LOCATION CITY OR TOWN

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR:

MPORTANT. If Hem 21 is marked or Hem 18 shows ony

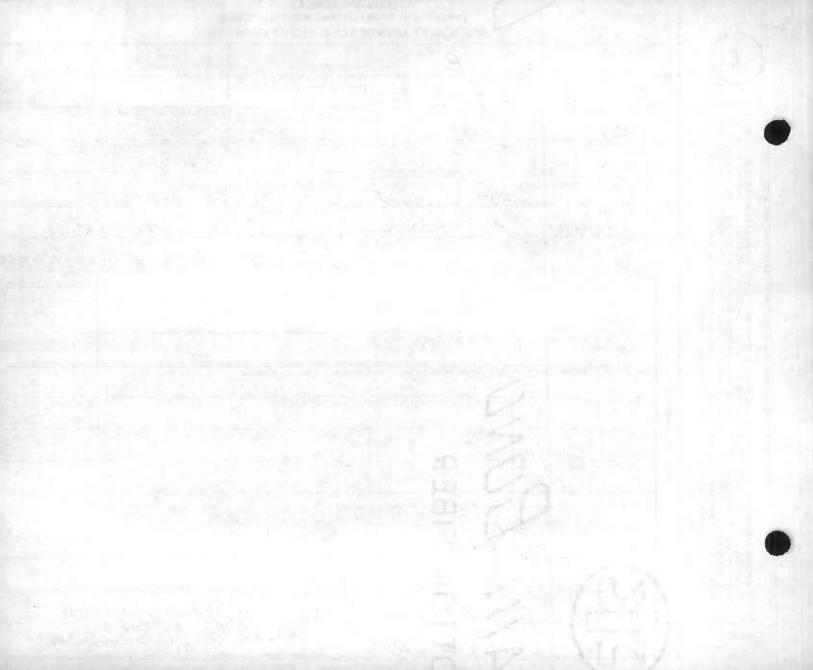
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1.	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY NINER'S CERTIFICATE OI		0 / 0
	ECEASED NAME FIRST YPE OR PRINT)	MIDDLE	Harris	20. DATE KNOWN X MONT	H DAY YEAR 25 HOUR 5/84 19 M
HIS ON STATE	EX F 1. RACE	5. DATE OF BIRTH 1 - 2 - 9'7 6. AGE	IN YEARS IF UNDER 1 YR. IF UNDER 2 RTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED	
X 3 4 / /	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	Baltimore Ci	ty MD.
E	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI Johns Hopkins Ho	spital	12a USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)	N 12b. KIND OF BUSINESS OR INDUSTRY
13a.	JAL RESIDENCE (IF IN NURSING HOME C STATE A 136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	YES NO DE	36. STREET ADDRESS LOCKST	RAGGGGG
2	FATHER'S NAME FIRST RICHARD	MIDDLE W. Harry	The state of the s	DETAY CARR	Harris
3 160	NO	WAR OR DATES)	Betty UM	PRIS 351 Locust	El Ofnot ha 19313
REMATION, OR REMOVAL.	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	TE CAUSE (a) MUITIPLE DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	Injuries NCE OF		BETWEEN ONSET AND DEATH
AEDICAL CERTIFICATION		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART DPERATION WAS PERFORMED?	1 (a):	20 AUTOPSY?
MEDICAL CERTIF	UNDERLYING LAOR CONTRIBUTING CAUSE OF I 214 INJURY OCCURRED WHILE NOT WHILE IS	21e PLACE OF INJURY (AT HOA	year subject passer AE, 211 LOCATION STREET	ger in auto/auto	
1	220. I certify that I took charg	e of the remains described above, held ral courses A., Accident X.,		Inquiry , and in my	apinian EE_ 7/6/84
BALTIMORE, MARY	The state of the s	gory R. Kauffman, i	V.D. ADDRESS 111 PC	nn St., Balto., M	
	BURIAL, CREATION REMOVALING SPECIFY	7/10/ASH FREE	MONT CLM,	23d. LOCATION (1) NOH righten Two	O. Chestustally.
ii k	.T. Fourd	lasing sun, 1	Id.	June Davids	on-Mandall



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the furnitial should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical axis miner in

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL H
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HYGIENE CERTIFICATE OF BEATH

54	- September 1	8	0	1	1
20-7	100				

250. DATE REC'D BY REGISTRAR 256 REGISTRAR S. SIGNATURE

-1		REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.			
		CEASED NAME	FIRST	ĺ	MIDDLE		APPLS	2a. DAT	E OF DEATH	німом	DAY 14	YEAR 84	625 AN
	3. SEX	ŕ		4 RACE	>	S. DATE C			(IN YEARS LAST BIR	YRS	MONTH		IF UNDER 24 HRS. HOURS MIN.
1		RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED		IMORE CITY O	R COUN			MD.
3	1	BOUT LORE	,ND	LINNER	SITY OF	ADDRESS)	or other institution	(TYPE OF	JAL OCCUPATI WORK FOR MOST O	OF WORKING			OF BUSINESS OR
)	130 S	AL RESIDENCE (IF NURS TATE	13h CQUI	OTHER INSTITUTION, NTY LTHORE	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS?	3	EET ADDRESS	ZIP CO		20	21215
2	14 FA	THER'S NAME FIRST		MIDDLE	Posinso	N	15. MOTHER'S MAIDEN N		MIDDLE			BAS	ZUES
	(Y	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?	214 - 20 -		17 INFORMANT JOA UITZHELL				37/1	D 04	erview Ro
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one couse per D BY: TE CAUSE (a)	Cappio Pu		DOL ADDEST						ONSET AND DEATH
		Conditions, if ony,		DUE TO, O	RAS A CONSEQUE	. 4	EAST FAILURE	7				10'	125
		gove rise to immoduse (a), stating underlying cause	ng the		RAS A CONSEQUE BREAST (NCE OF	R					VS	125.
	NOI	PART 2. OTHER SIGN		CONDITIONS CO			NOT RELATED TO THE TER			IDITION	SIVEN IN	V PART II	0,
1	CERTIFICATION	190 DATE OF OPERA	TION -	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a /	AUTOPSY?	IN CER	YES, WE RTIFYING YES []	RE FINDI	NGS USED S OF DEATH?
7	CAL CER	2 to. ACCIDENT WAS UNE	CAUSE OF DE	5115	OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENT	ER NATURE OF INJU	IRY IN ITEM T	IS PARE I C	ORPART 2)	
	MEDICAL	21d. INJURY OCCURI	THE T	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	2H. LOCATION STREET		CITY OR TO)WN	(COUNTY	STATE
		220.1 certify that (1) saw the decease obove, (1) (we) (ed alive on	A JUL	19_8	10 JU	nd that in (my) (our) opinio	A, to_		lote and h			that (I) (we) last couses stated
	N.			lus, ur			DEGREE HTS ATTENDING PHYSICIAN		CAL STA			22c. DATE	SIGNED 14/84
		22d. PHYSICIAN'S N.		or PRINT)	Weiss		22e ADDRESS 22 South	Great	oc St.	Bo	alte, l	ND	21201
		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	y 23d I	OCATION (IIIY IR DWN	М	con	UNIY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR

BP.

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Burgee Funeral Home, P.A. Balto. Md. 21211

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

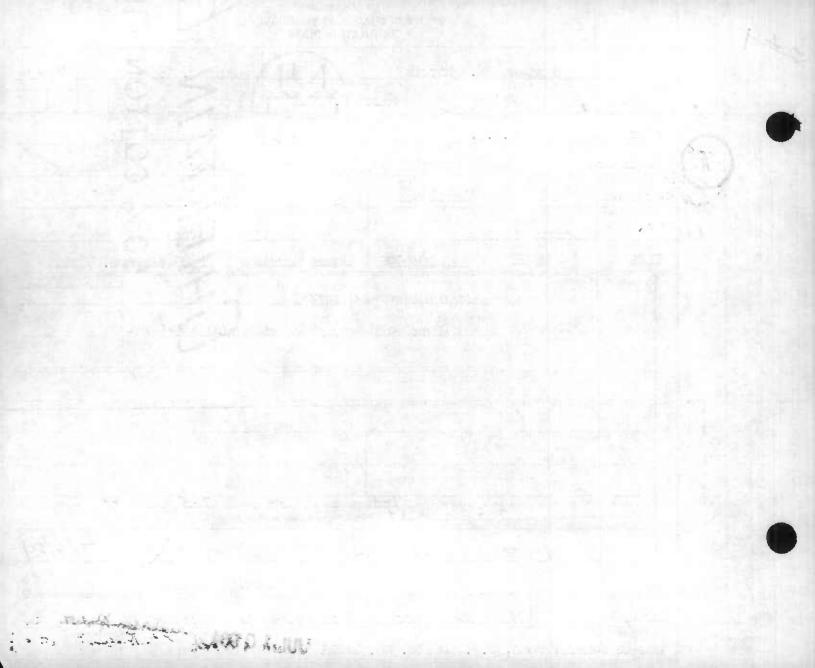
CERTIFICATE OF DEATH

STATE

- STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)



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attending physician.	\$ 5 E	~
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attending physician.	iter this certificate has been signed by the ottending physician and campletely filled in by the funeral director, pirals the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 haurs ofter in and Mental Hygiene prior to burial, cremotion, ar removal.	orked or Item 18 shaws ony injury, or ather troumotic event, the medical examiner must be natified around.

FOR STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

1		CEASED NAME OR PRINT)	FRANI		MIDDLE		RRIŞ		20. DATE OF DEATH	MONTH /	DAY YEAR	2b HOUR
	3 SEX	(4 RACE	0.	5. DATE C			6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER TYEAR	
	/	MALE		COL			124,19	VEAR 02	82	YRS		HOURS MIN.
1	70. BIF	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF		MARRIE	NEVER MA		9 BALTIMORE CIT			
	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NUF		R OTHER INSTIT	UTION	Baltir	ATION	126. KIND (MD. OF BUSINESS OR
4		Baltim		Ţ		Memori	al Hos	pital	RETIE		LIFE) INDUSTRY	
5	13a. S		13b. COUN		13 SITY OR T	OWN	13d INSIDE CIT		13e.STREET ADDRES	SS / ZIP CO		7.216
4		ARYLAND THER'S NAME			んづみんでい	NURK	YES A NOTHER'S A		3303 SPA	RINGDE		
υĎ	F	RANK		HARRIS	S LAST		FSTE	LLA	MILLE	S	1A	ST
1		VAS DECEASED EV	ER IN U.S AR		166 SOCIALS		17 INFORMAN		AD	DRESS	d	
"	U	YKNOWA			2120		MRS INF	z Smi	TH 643N	, BRNT		ZIZIG
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		gove rise to couse (0), str underlying co	oting the	DUE TO, O	r as a conse	OUENCE OF						
		PART 2. OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED I	O THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART I	10
	<u>N</u>		A .	enia			ranous					
2	CERTIFICATION	190 DATE OF OPE	RATION		An .	Lamy in	WAS PERFOR	MED	200 AUTOPSY?	IN CER	YES, WERE FIND TIFYING CAUSE YES []	
G	CERT	21a. ACCIDENT WAS		216 TIME C				JRY OCCURR	RED (ENTER NATURE OF	Y		
	CAL	OR CONTRIBUTING	MEDICAI EXAMINER	111		19						
	MEDICAL	WHILE NO	WHILE WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY OFF	ICE, FARM, ETC)	211. LOCATION	1	CITY C	OR TOWN	COUNTY	STATE
		22a.1 certify that	(this hospit		71 4 5	e 11	9 /	19.84		5/	. 19_8*9	, that (\ (we) last
			eased alive on. (did) (dia no	view the body	ofter death.			opinion o	death accurred on th	e date and h		e couses stated E SIGNED
		226. SIGNATURE	44. De	拉灰				TENDING -	MEDICAL S	STAFF YSICIAN X		5/84
1		22d. PHYSICIAN'S	Dr. G	loth			22e ADDRESS U	nion	Memoria	l Hos	pital	
	بليج	SPECIFY)	ON, REMOVAL	23b. DATE 7-14			EMETERY OR CR		23d. LOCATION PSALTI	MORE	COUNTY	STATE
		NERAL DIRECTOR		322	1 (4) ADDRE		Aus		E REC'D. BY REGISTI	PAR 25b. REG	ISTRAR'S SIGNA	TURE Bodole
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REG. NO

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use with the State Dept. of Heal

Miller to decide the first Service All Control of the Control o The second district the se THERE THE WENT WOUND WINDS THE WAS MILE FO THE Marcon & Mars Walls on Name of Marcon FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF D	EATH	ILIVEO	REG. NO).		
	I. DECEASED NAME	FIRST	- 1	MIDDLE	(AST		20. DATE O	FDEATH	MONTH	DAY YEAR	25 HOURA
	(TITE OR PRINT)	GERAL	DINE	В.	H	ARRIS		JULY	29,	1	984	3:50 M
	3. SEX	. 4	RACE		5. DATE C			6 AGE (IN	YEARS LAST BIRT	HDAY)	# UNDER LYEAR	
	Female		Bla		7	24	23	61		YRS.	MONTHS DAYS	HOURS MIN.
9	7a. BIRTHPLACE (STATE	FR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER M	ARRIED -			-	Y OF DEATH	
5	Virginia		U.S.	Α.	WIDOWE		ORCED	BAI	TIMO	RE C	ITY	MD.
	10. CITY OR TOWN OF	DEATH 1	1. NAME OF I	HOSPITAL, NURSIN					OCCUPATION			OF BUSINESS OR
3	BALTIMO			JOHNS HO		S HOSE	PITAL	(TYPE OF WOR	K FOR MOST OF	WORKING LI	(FE) INDUSTRY	
	USUAL RESIDENCE (IF N	IURSING HOME OR O		GIVE RESIDENCE BEFORE		13d INSIDE CI	TY LIMITS?	13e.STREET	ADDRESS /	ZIP COD	_E 21	213
7	Maryland			Baltimo		YES 😿	NO 🗌					rd Floor
٦	14. FATHER'S NAME		IDDLE	LAST		15 MOTHER'S			MIDDLE			
2	Tony	M	DDEE	Moore		Ali	FIRST		WIDDLE		Barn	AST AST
	160. WAS DECEASED EV			166. SOCIAL SECU	JRITY NO.	17 INFORMA			ADDRE	SS An	t. 23C	
	(YES, NO OR UNKNOWN) Unknown	(IF YES, GIVE	WAR OR DATES)	216-16-2	0016	Tamos	Uarri a	772 0	000011		illiage	Fact
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	of the	las	llit	ei o	rea	st	100	N	ek	VIOLENIE CHE	SEMELINI ISOSOTOR	115
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1	OR CONTRIBUTING [p.		19							
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-	faw the dece	alive on_	1-	19	4.01	nd that in (my)	(our) opinion	deoth occurre	ed on the do	te and ha	ui and from th	e couses stated
	Th SIGNATURE	did (did not)	hody	ofter Beath		DEGREE				-		E SIGNED
	(///	Test	NI	~	/	A	TENDING.	MEDICAL	STAF	- 1	1	- 30 87

MPORTANT: IF 230 BURIAL, CREMATION, REMOVAL BURIAL

23h. DATE 8/3/84

23c. NAME OF CEMETERY OF CREMATORY Arbutus Memorial Park Arbutus,

Md. STATE COUNTY

24 FUNERAL DIRECTOR
Wm C March F/H Inc. 1101 E North Avenue

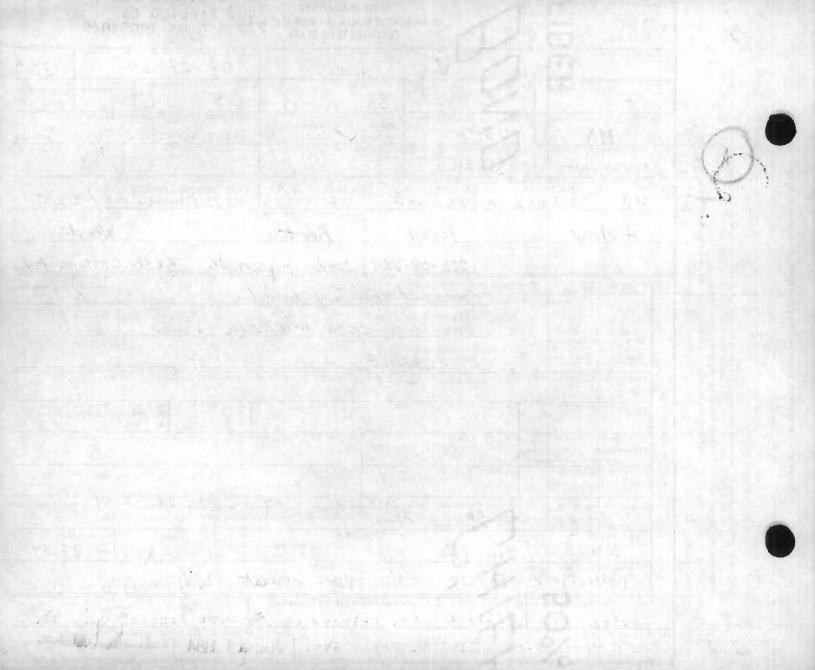
250. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE
JUL 3 1 1984 " Aundre Andre

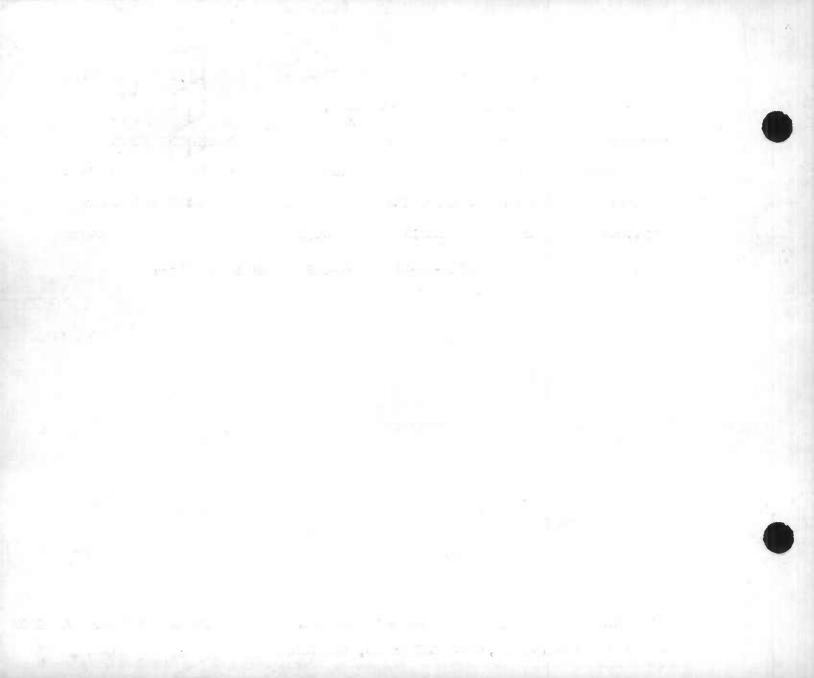
DHMH - 16 50M 4/B3 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND





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**1		1	FOR STATE		DEPA		E OF MARYLAND EALTH AND MENTAL HY	GIENE B · 4	185	8 7
10			REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
-			CEASED NAME	FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MO	NTH DAY YEAR	26 HOUR
be 3		1116		ville	В.	На	arrison	7	20 20	730
moy	. 10	3. SE		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHD		
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Poge A			RTHPLACE (STATE OF F	OREIGN 76 CITIZEN	OF WHAT COUNTE	Y? 8.	NEVER MARRIED	9. BALTIMORE CITY OR		
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s after by the iled wil	Potiti	Ba	ltimore		cis Scoti			Foreman		Am.
hour lin be	pe	₩6U	AL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITU	TION, GIVE RESIDENCE BE		AND INCOME CATALOGUE	la seres connec		
24 filled auld	25		ryland	Baltimore		JWN	13d. INSIDE CITY LIMITS?	7512 School	Ave. 2122	2
ithin tely 2 she	in e		ATHER'S NAME	TREE 1 1000			15. MOTHER'S MAIDEN NA	AME		
3 201	15 g		William	MIDDLE G.	Hari	cison	Florence	WIDDLE	Wel	1 9
5 9-	CO	160	WAS DECEASED EVER	IN U.S. ARMED FORCE	S? 166 SOCIAL SE		17. INFORMANT	ADDRESS	1103	
and	nedi		YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE	5) 212-01	-3775A	Mrs. Theress	Harrison - 7	512 School	Ave 21
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death ottendi	tom:		C due of		O, OR AS A CONSE	DUENCE OF	COFD			
e de mov	trau		Conditions, if any, gave rise to imm	nediate)					
at th	the		cause (a), stating underlying cause		O, OR AS A CONSE	QUENCE OF	Her pefti	i alcadore	asl	
s the ed to pleas rial,	0 70		DADY C OTHER CICA	(c)	COLUMNICA	0.05.22.0	. 0	MINAL DISEASE OR CONDIT		
sign sign hen a bu	lory	Z	PART 2. OTHER SIGN	TIFICANT CONDITION	SCONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDII	ION GIVEN IN PART I	(0)
v reen	ý	CERTIFICATION	19g. DATE OF OPERAT	ION 119h CO	NDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 2	Db. IF YES, WERE FIND	INGS HISED
n. nos b	Se C	E S						11	CERTIFYING CAUSE	S OF DEATH?
N: The nysicia icate h ransit Hygie	of -	ERT	21a. ACCIDENT WAS UND	ERLYING TO 216 TIM	AE OF INJURY		1714 HOW IN HIRY OCCUI	RRED (ENTER NATURE OF INJURY IN	YES	NO 🗌
Physical Hand	8		OR CONTRIBUTING	AUSE OF DEATH HOUR	A.M. MONTH	DAY YEAR	The track is soon to decome	(EN)ER NATURE OF INJURY IN	THEM TO PART T OR PART 27	
HYSICIA nding ph nis certifi buriot-ti	He	MEDICAL	(IF EITHER NOTIFY MEDIC		CE OF INJURY	19	21f LOCATION			
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R ATTI hospit RECTC led for	12			ed alive an lid) (did not) view the b	ady after death.			death accurred on the date		
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TO HOSP retained 1 TO FUNE should be	MPORTAN		George	N. Karkaı			1576 Merri	tt Blvd. Ba	alto., Md.	21222
5 5 5 2 3	_		BURIAL, CREMATION, I	REMOVAL 236. DATE	2:	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF LOWN	COUNTY	STATE
BP	_		Burial	7/2	3/84	Crowns	ville Veterar		altimore	Mary 1
20001 14 204 242	0		JNERAL DIRECTOR NAME Valter Dabr				25a. DA	TE REC'D BY REC ISTRAR 2.6	REGISTRAR'S SIGNA	TURE
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IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 197. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO YES NO PART 100 OF PART 110	+	1.	FOR STATE REGISTRAR		DEPARTM		LTH AND MENTAL HYGI ATE OF DEATH	ENE B S	0.	8056
To BIRTHPLACE (STATE OFFICIAL OF WHAT COUNTRY) TO BIRTHPLACE (STATE OFFICIAL			OR PRINT)		MIDDLE +		Lins	20. DATE OF DEATH	1	28. 1100K
10 CITY OR TOWN OF DEATH 11. NAME OF HOSTITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 130 KIND OF BUSINESS OF STATE 130 KIND OF BUSINESS	1	3. SE	m	4 RACE	^		DAY YEAR	0 -	MONT	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE SEFORE ADMISSION) 138. STATE 139. STATE 131. COUNTY 131. CITY OR TOWN 131. CITY OR TOWN 131. CITY OR TOWN 131. CITY OR TOWN 132. CITY OR TOWN 133. STATE 133. STATE 134. COUNTY 135. COUNTY 136. CITY OR TOWN 136. CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 157. AND THE PS CO 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 169. WAS DECEASED EVER IN U.S. ARMED FORCES? 169. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. WAS DECEASED EVER IN U.S. ARMED FORCES. 160. WAS DECEASED EVER IN U.S. ARMED FOR	95			A VS	1		NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	1.76
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FIRST MIDDLE AWK ELITZ MIDDLE MARK LAST MIDDLE MARK LAST MIDDLE MARK LAST MIDDLE MARK LAST MAR	36	13a. :	M' D.	COUNTY	130. CITY OR TOWN	4K 130	ES NO	7 PATI	ZIP CODE	1222'
SCAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).	181		LUKE	h	AWKIN	/	EL12	WIDDLE	MAI	RKLEY
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 2110. ACCIDENT WAS UNDERLYING AND AM. MONTH DAY YEAR 2110. ACCIDENT WAS UNDERLYING AND AM. MONTH DAY YEAR 2110. ACCIDENT WAS UNDERLYING AND AM. MONTH DAY YEAR 2110. ACCIDENT WAS UNDERLYING AND AM. MONTH DAY YEAR 2110. ACCIDENT WAS UNDERLYING AND AM. MONTH DAY YEAR 2110. ACCIDENT WAS UNDERLYING AND AM. MONTH DAY YEAR AND AM. MONTH DAY YEAR 2110. ACCIDENT WAS UNDERLYING IN THEM 18 PART I OR PART 2)	medico									ABOVE
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TO CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK	mit. Then ple prior to burio ony injury, or	IFICATION		ICANT CONDITIONS C				200 AUTOPSY?	206 IF YES W	FRE FINDINGS LISED
	tentol Hygie tentol Hygie tem 18 sho		OR CONTRIBUTING CAU	SE OF DEATH HOUR A	.M. MONTH DAY	YEAR 19				
220. I certify that (I) (this haspital pattended the deceased from 7-9 19 84, to 7-1) 19 84, that (II) we) I	FUNERAL DIRECTOR: uld be detoched for us the Stote Dept. af He ORTANT: If Hem 21 is		sow the deceosed above, (1) (we) (3) (3) (22). SIGNATURE	olive on 7-11-	34 19	DEC	ATTENDING PHYSICIAN	MEDICAL STAI	ote and hour and	
sow the deceased above on 7-1 -54 19 19 19 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (3) (did not) view the body after death. DEGREE 276. SIGNATURE 276. DATE SIGNED	with the		Charles Charle	MOVAL 236. DATE	23c. N/	ME OF CEM	Francis ETERY OR CREMATORY	Scott	ley H	ospital STATE
sow the deceased alive an	5 50M 4/83		UNERAL DIRECTOR	T/2/ 1/2		ECURI:	TY PROCESS 250. DATE	REC'D. BY REGISTRAR		D.
Sow the deceased alive on obove, (1) we) God (did not) view the body ofter death. 276 SIGNATURE 19 4 4 4 4 4 4 4 4 4	15, 4)	1,7	E Capper	GIII.	2 - 1	2 1 1	-	1 6 1984 7		

STATE OF MARYLAND

A STATE OF THE PARTY OF THE PAR STATE STATES SELLY REX. STATES IN D. Odern Disched P. 7 Michigan LUNCE STATES ASSESSED AND REAL PROPERTY. a stable to have profile to the term of the same and the second which there is now the

O HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 haurs after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other traumatic events the

	2	TAIL	IF M	AKTL	.ANU		
DEPART	MENT (DF HEA	LTH	AND	MENTA	HYGIEN	E
	CER	TIFIC	ATE	OF	DEATH		
		LAST				1 2-	2

STATE OF MAKTLAND	52	18
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O	-
CERTIFICATE OF DEATH		
		REG. NO.

-	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY ICATE OF DEATH		i. NO.	0 0	3 9
		CEASED NAME FIRST		MIDDLE	L.	AST	20. DATE OF DEATH	H MONTH	DAY YEAR	2b. HOUR
	(TIPE)	ROS	SE	Μ.	HE	ALY		7	8 84	1:30 pm
	3. SE X	(4 RACE		5. DATE O		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
0	1	Female	Whi	te	MONTH	17-1924 YEAR	60	YRS.	MONTHS DAYS	HOURS MIN,
	7a BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8.	NEVER MARRIED	9. BALTIMORE CIT		Y OF DEATH	
I	E	Balto. Md.	U.S.	A.	WIDOWE		Dallin	nore C	City	MD.
	1	TY OR TOWN OF DEATH	(IF NOT IN SU	CHEARILITY, GIVE STRE	ET ADDRESSI	ROTHER INSTITUTION	12a. USUAL OCCUP	ATION		F BUSINESS OR
		Baltimore		Union M	lemori	al Hospita	1 Salesla	lu	High	Store
Š	13a S		UNTY	136. CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET ADDRES	SS / ZIP COD	Œ	
J	_	M. Bal	to. V	Balto.		YES NO		Windso	n Rd21	1234
f)	II4 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	E	LAST	
	1	John Kust				7 40 400	aret Weine	2		
И			GIVE WAR OR DATES	166 SOCIAL SEC	CURITY NO.	17. INFORMANT	AD	DRESS		
	_	No		219-16-	4415	John U. Hea	Ly - 2629 V	lindson	2 Rd212	
		18 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	only one couse pe SED BY:	r line for (0), (b), (and (ci.)	d			BETWEEN	MATE INTERVAL INSET AND DEATH
		IMMED	ATE CAUSE (0)	Caro	Aindin	Lahich				
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_	OR AS A CONSEO	e an-	Herior myou	candial In	.fereti	0-	
	_	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GI	IVÊN IN PART 110	
	ě	Dieset	v mell	itus/	Sepsi					
	CERTIFICATION	19a DATE OF OPERATION	196 COND	PITION FOR WHIC	TH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES □ NO ■	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES []	IGS USED OF DEATH? NO
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	ALEKTIII .	M. MONTH		21c HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM 18	PART OR PART 2)	
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		sow the deceased plive obove, (if Ne) (did) (did	on	ofter depth	84. on	d that in my (our) opinion	n death occurred on th	e dote and ha	our and from the c	ouses stated
		22b. SIGNATURE	1)	0		DEGREE			/ 22c DATE S	SIGNED
		74ml a	mila	E_	91	AD ATTENDING PHYSICIAN		STAFF SICIAN []	17/	HFY
		224 PHYSICIAN'S NAME (TYP				22e ADDRESS				
		Robert A		er, MD		Union M	emorial I	lospit	al	
		URIAL, CREMATION, REMOV	AL 236. DATE	230	NAME OF CE	METERY OR CREMATORY	23d LOCATION	4	COUNTY	STATE
		Burial	7-11-	84	Holu Re	edeemer (em	Balt	0. M	- 10	21016
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etained by the hospital or attending physicion.

7-11-84 Holy Redeemer Cem_ CTOR Miller Inc-6415 Belair Rd. -21206 JIII 9

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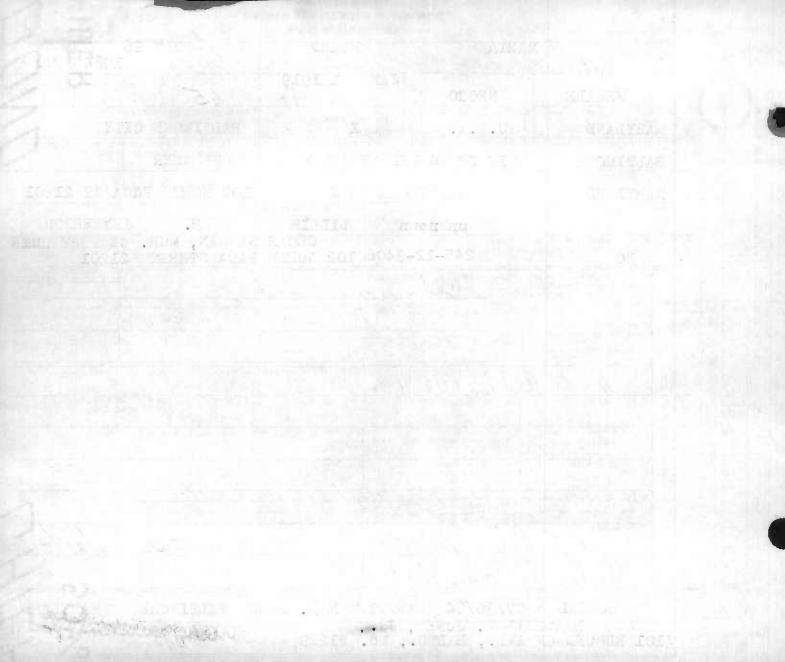
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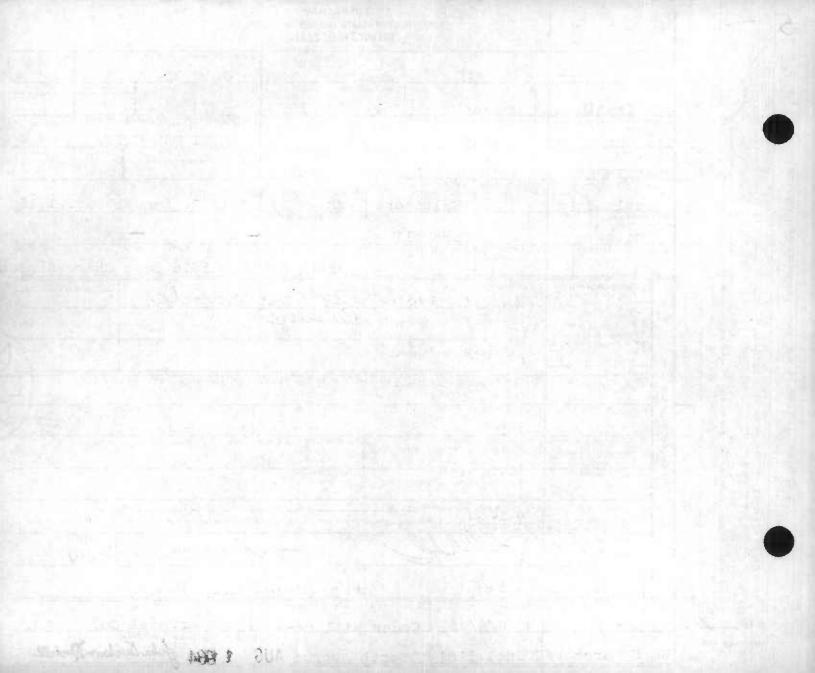
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STATE OF MARYLAND





signed by the ottending physicion and completely filled III hen please remove carbanpapers. Pages 1 and 2 should be 11

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TO FUNERAL DIRECTOR: After TO HOSPITAL OR ATTENDING

etained by the hospital or

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should be detached for use as with the State Dept. of Health

236 BURIAL, CREMATION, REMOVAL Burial

G. Truman

23b. DATE

Schwab

7-12-84

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		CEASED NAME FIRST OR PRINT)	la .	Mary	ı	fech.	ke	20. DATE OF DE	REG. NO.	ONTH	PAY YEAR	26 HOUR 30
h	3. SEX	Female	4. RACE White	1	5. DATE C	DE BIRTH DAY	YEAR	6. AGE (IN YEAR	S LAST BIRTHE	YRS	IF UNDER I YEAR MONTHS DAYS	HOURS MIN.
15		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF	WHAT COUNTRY?	WIDOWE		AARRIED		timo	re	City	MC
10		Balto.	St.	HOSPITAL, NURSING HEACHTAL HOSPITAL HOS	ADDRESS)		IITUTION	Billi	e C		10 THE RESERVE THE	Music or
6		AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUNTY)	1TY	GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e.ST Ba. 20				-11043
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1	<u> </u>	18 CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE		D	d (c).)	Mrs.M	ary Mo	oxley		#212	207 APPROX	KIMAYE INTERVAL LONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)_	RAS A CONSEQUE	NCE OF	Shoe	ytic	Lym	pho	ma	,	
	NOI	PART 2. OTHER SIGNIFICANT (Maligan)	ANIT	ASCIT	ES BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	RCONDI	TION GIV	VEN IN PART 1	10.
7	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO				10区	IN CERTII	S, WERE FINDI FYING CAUSES ES	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	M MONTH DA	Y YEAR	34		RED (ENTER NATUR	IE OF INJURY	IN ITEM 18	PART 1 OR PART 2)	
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r nem 21 is mo		22a certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE		19		nd that in (my)	(our) opinion o	death accurred a	on the date	e and hau		that (I) (we) last couses stated ESIGNED
		22d. PHYSICIAN'S NAME (TYPE O	PR PRINT)				ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF		7	19184
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231 NAME OF CEMETERY OR CREMATORY

Balto.Nat'l.Pike 250.DATE #21229

Cathedral

23d LOCATION
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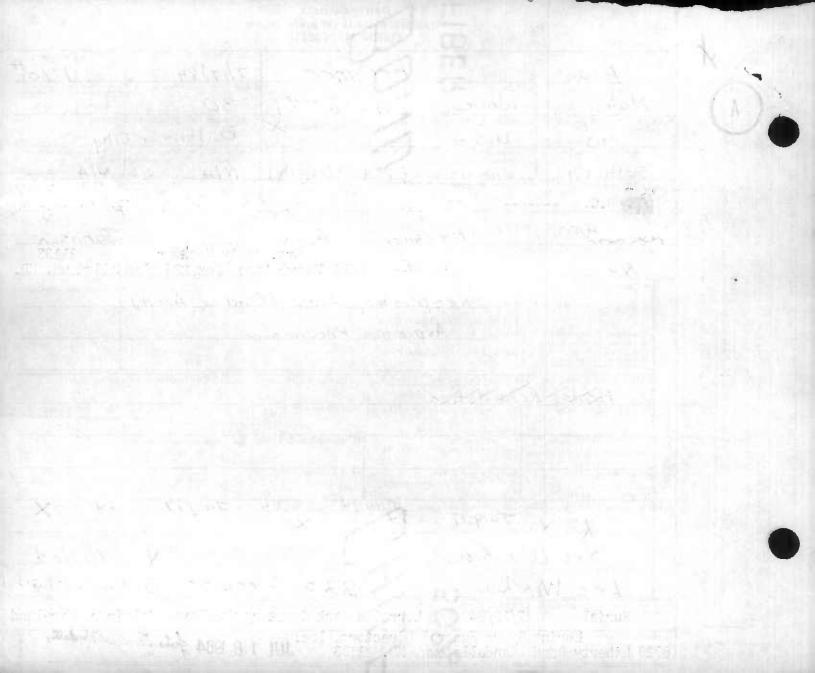
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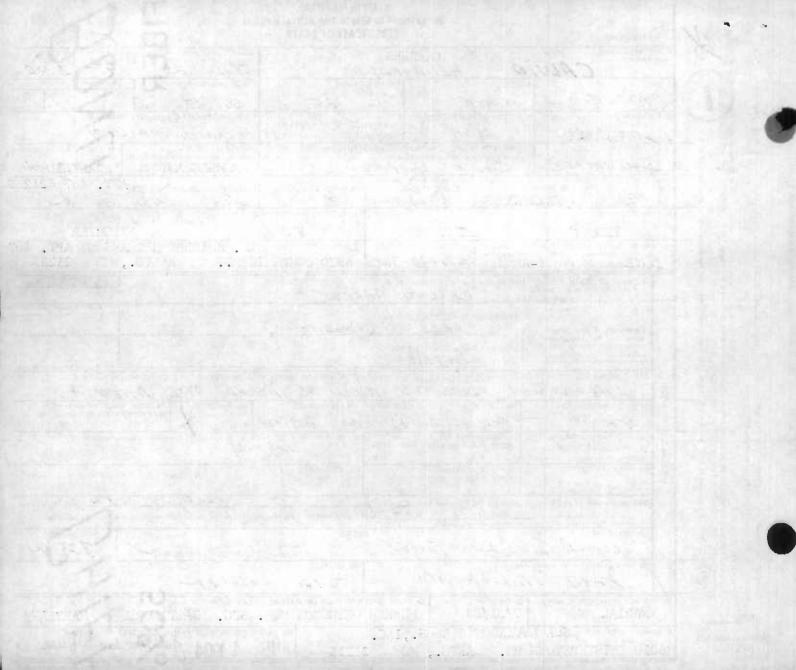
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VISION OF VITAL RECORDS, G PHYSICIAN: The low require offending physicion. The burial-troofs permit. Then ond Mantal Hygiene prior to b ked or remus from high.	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH D.	19	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART 2)	
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TO HOSPITAL retained by 1 TO FUNERAL should be det with the State IMPORTAVE:	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	Baltimore	
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STATE OF MARYLAND

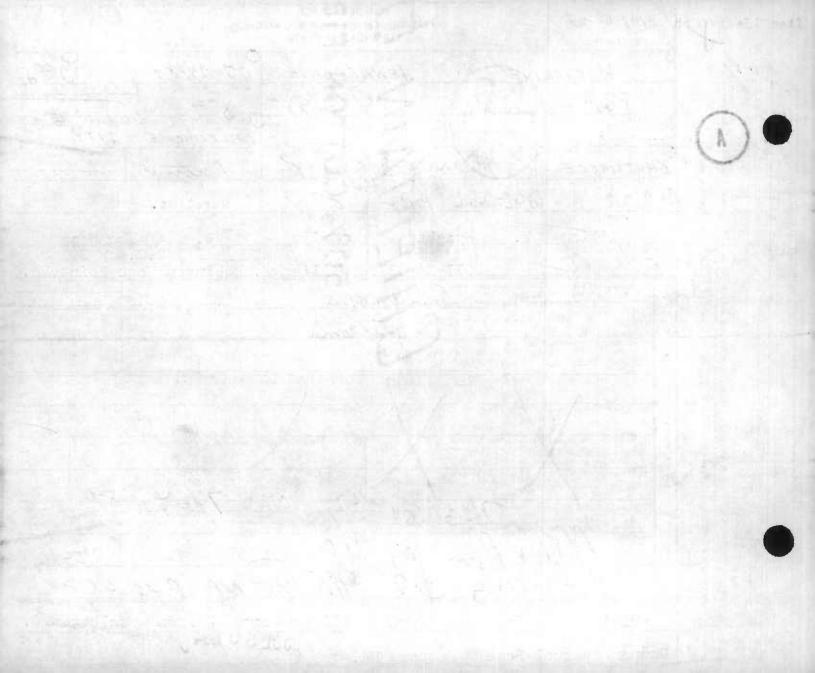


DIVISION OF VITAL RECORDS.

STATE OF MARYLAND



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rector, po	3. SE	×	4. RACE	5. DATE OF BIRTH MONTH 3 \ 3 \ 2 \ 2	6. AGE (IN YEARS LAST BIRTHDAY) 62 YRS	
death. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUI	MARRIED NEVER MARRIED WIDOWED DIVORCED		TY OF DEATH MD.
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filled in nould be	13a	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	TY I3c. CITY OI			DE 21231
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TIMORE, be execu		WAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES CIV WWII	E WAR OR DATES	-20-8304 Mrs. Jean	Hepner - Same as	#13
ST., BAL physician physician papper emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT		bl, and icili PIRATORY ARR	EST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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At RECOI	CERTIFICATION	190. DATE OF OPERATION 5/30/84	TLEOSTON	MY 2° TOMOR	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\) NO \(\)
SICIAN: TIME physicing physicing physicing certificate urial-fransi Aental Hygin item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED) P.M.	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PART 2)
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Al O Al O Al D Al D D Al D D D D D D D D D D D D	-	Calla Se 22d. PHYSICIAN'S NAME (TYPE O		er, to ATTENDINI PHYSICIAN	DIRECTOR PHYSICIAN	7/23/84
TO HOSPITA retained by TO FUNERA should be de with the Story IMPORTANT	226		ALEXAND		SITY OF MO	CANCER CENTE
ВР	L	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	7/26/84	23c NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	uneral director Anatomy Bo	pard		JUL 3 0 1984	SIBAR'S SIGNATURE Daindson-Randsole, "

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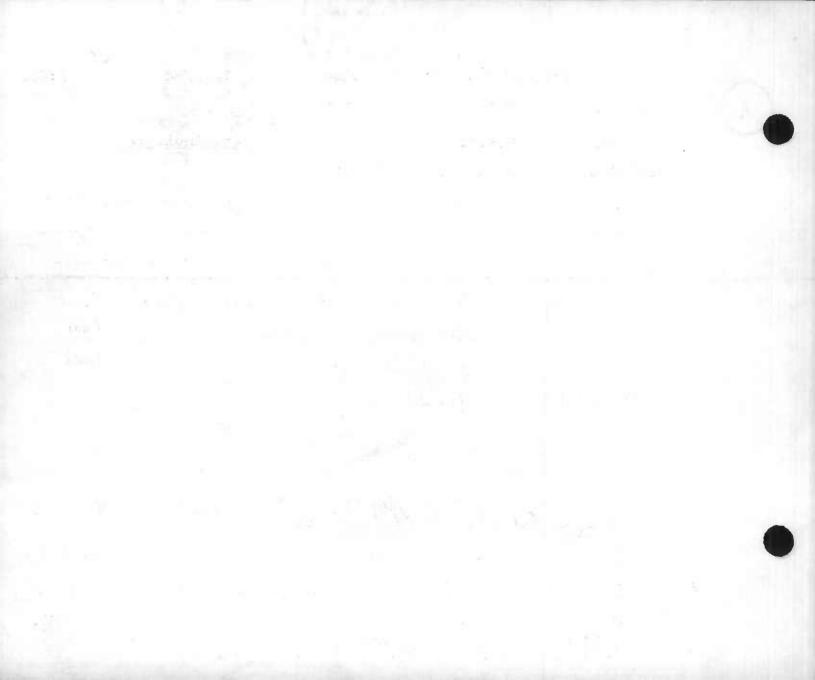
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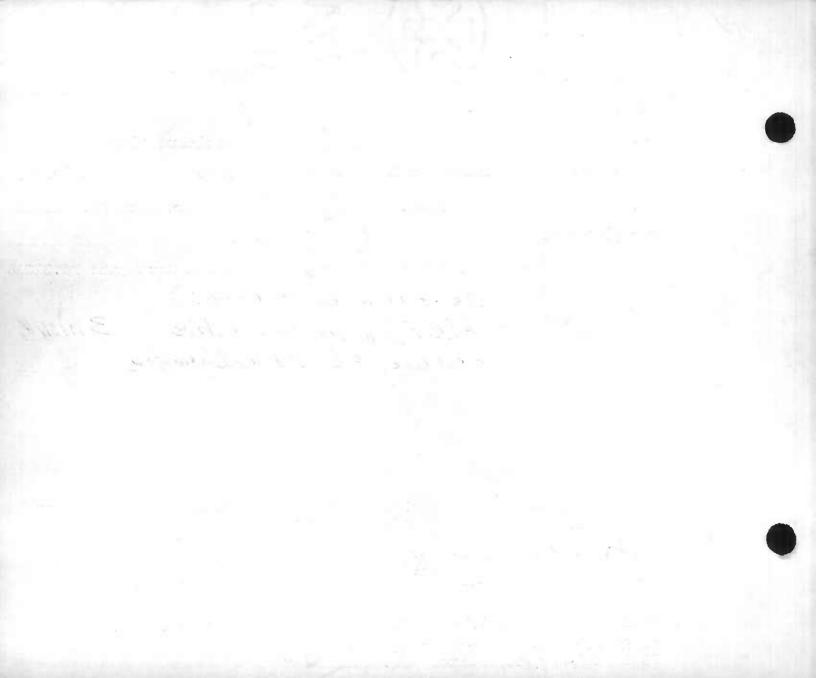
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/	•	REGISTRAR				CERTIF	CATE OF DEATH	REC	6. NO.		
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	(TYPE	OR PRINT)	aby M	Marilyn	Rene	ee	Hess	07/09	/84		1:45₽
	3. SE>	(4. RACE	E		S. DATE O		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
5	d.	Female		hite		May		13 mos		MONTHS DAYS	HOURS MIN.
4	7a. BII	RTHPLACE (STATE OR FORE	IGN 7b CIT1	ZEN OF WHAT CO	OUNTRY?	8 MARRIE	NEVER MARRIED 3	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
		Md.		S.A.		WIDOWE		Baltimo	re Ci	tv	MD.
11/2	10 CI	TY OR TOWN OF DEATH		AME OF HOSPITA NOT IN SUCH FACILITY,			R OTHER INSTITUTION	12a USUAL OCCUP	PATION	12b. KIND O	F BUSINESS OR
1		Baltimore	T	he John	s Ho	pkin	s Hospital	THE OF WORLD COMM		L) II DOSTKI	-
5	13a. S	TATE 136	COUNTY	13c. CITY	Y OR TOWN	۱ ۱	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	136 STREET ADDRE 3711 R	ss / ZIP CODE	Ave. 2	L206
Post	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NAM				
		Harry	J.]	Hess		Christ	ina Ľy	'nn	Rabe	enau
		VAS DECEASED EVER IN I	U.S. ARMED FO		CIAL SECU	RITY NO.	17. INFORMANT	AD	DRESS		
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		226. SIGNATURE	11:1	-1/1			DEGREE ATTENDING	MEDICAL	STAFF 0	22c DATE	SIGNED
\perp		-Harry C.	which	MA		ML	PHYSICIAN [July	4,1784
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/		Harry C.	WIELE	III MI			1510W Mt Royal		talt. M	0. 4141	/
		URIAL, CREMATION, REA					EMETERY OR CREMATORY	23d LOCATION CITY OR TOW	N	COUNTY	Md.
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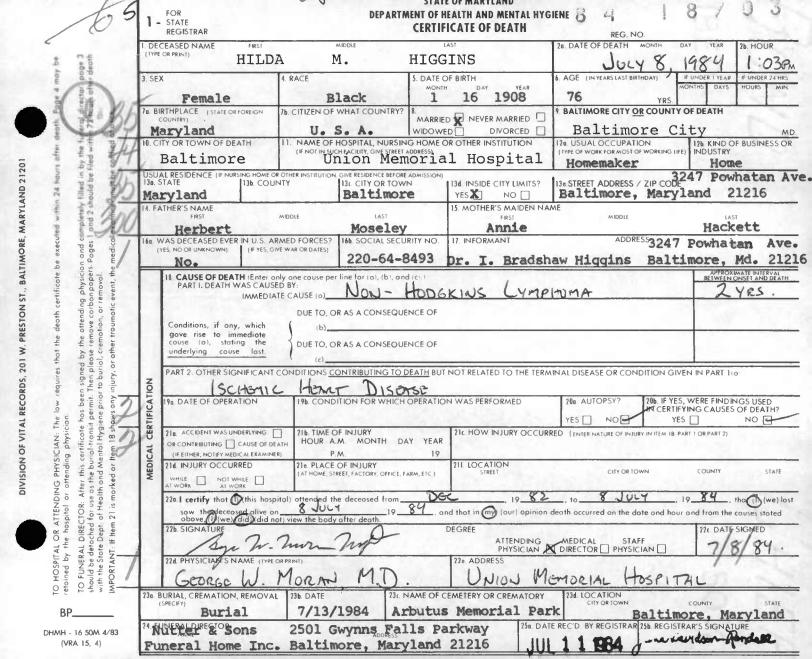
^{24 FUNERALD}Schimunek Funeral Home, Inc.
3331 Brehms Lane, Balto. Md. 250. DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNALIBLE 12





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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITHING THE WORD "PENDING" IN PENCE, IN TEM 18 ROBE TO THE CHEIGHEAL EXMINER ALONG 35 3 SHOULD BE USED AS A BURAL. TRAINER FRANCE OF PRACTICAL PAND MENTAL HYGIENE; TO EPPARTMENT OF HEALTH AND MENTAL HYGIENE; OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gav cau lyin	ditions, if any, while rise to immedia se (a) stoting the under g cause last.	(b)	OR AS A CONSE	OUENCE OF	ISE OR CONDITION	GIVEN IN PART I (0)			
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Temele White 9- 26- 50 | 33 Maryland wan erec. Secretery MA. Belto. Dundalk x 6109 Besseser Ave. 21224 Archie B. Moler Thelia D. McGehe 216-50-1797 Del Hisby 6109 Bescemer Ave. 21224 Purial /-20-94 | leadouriles Lalto. Md. Connelly Funeral Fome of Dandalk



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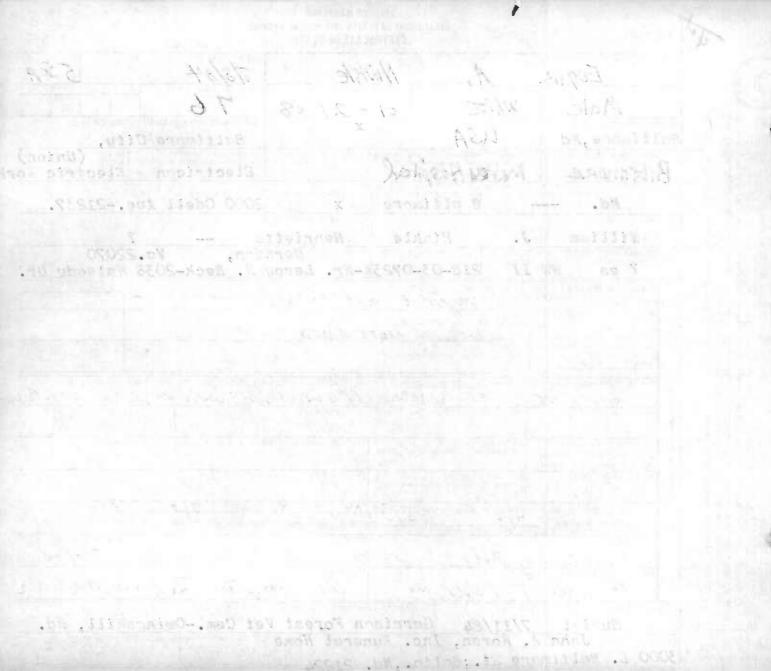
(VRA 15, 4)

REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 26 HOUR Hill WILLIAM July 8, 1984 6:35P 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE 13e.STREET ADDRESS / ZIP CODE PENNSYL VANIA ADDRESS RUDOLPH TEAL 6301 MONIKA PL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic Vascular Heart Disease 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART I OR PART 2] CITY OR TOWN COUNTY STATE July 8 19_84 and that in (m) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE/SIGNEJ DIRECTOR PHYSICIAN C/O Maryland General Hospital

. Coton Finning . M. N.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH Approx. (TYPE OR PRINT) HOFMANN 03 11:00A M HOWARD IF UNDER 24 HRS S. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 4 RACE MONTH YE AR 13 WHITE 05 MALE 05 To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED & DIVORCED BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY 2525 JAMES STREET. BALTIMORE TRUCK DRIVER TRANSPORT -USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DELIVERY 13a. STATE 113b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 2525 JAMES STREET, 21230 BALTIMORE MARYLAND YES X NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE AND DITE JULIUS HOFMANN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 2001 GRINNALDS AVE., 21230 NO 216-01-4205 EDWARD P. REGAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUEN Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO \square 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC) WHILE NO: WHILE 22a. I certify that haspital) attended the deceased fram my) (bur) apinion death occurred on the date and have and from the causes the deceased mive DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME THE OFF 77# ADDRESS

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BP_______BURIAL CREMATION, REMOVAL 23b. DATE 07-06-84

RAYMOND D. BAHR

231. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

BALTIMORE CITY MARYLA

24 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE REC'D. BY REGISTR
JUL 6 1984

WILKENS & PINE HEIGHTS AVENUE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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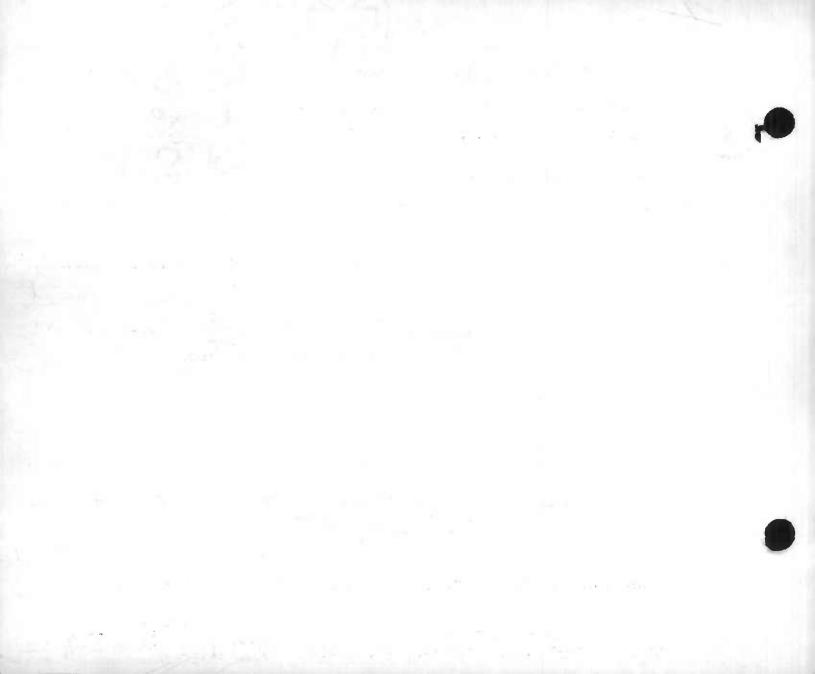
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE		(7/19/04	,	Morel	and Mom Dir				YIMUC	STATE
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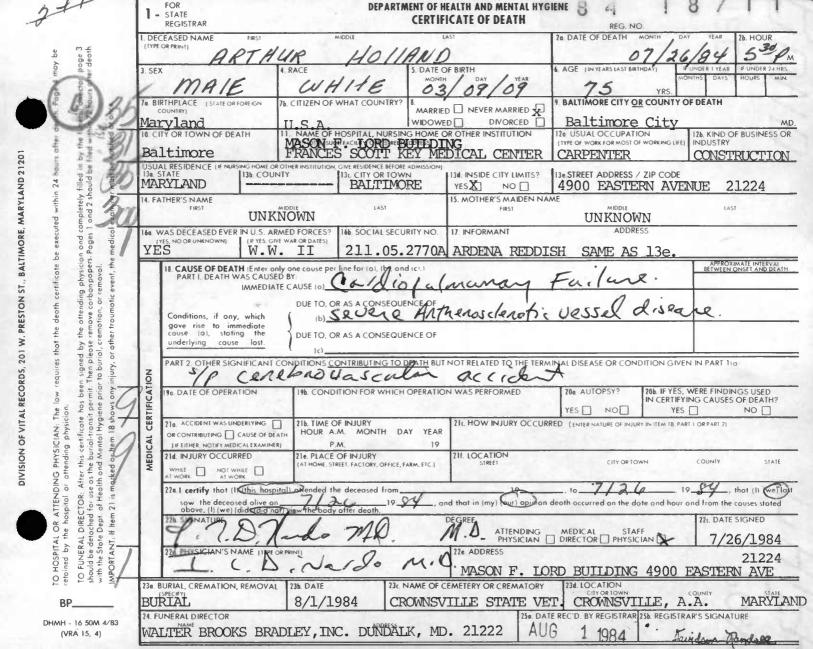
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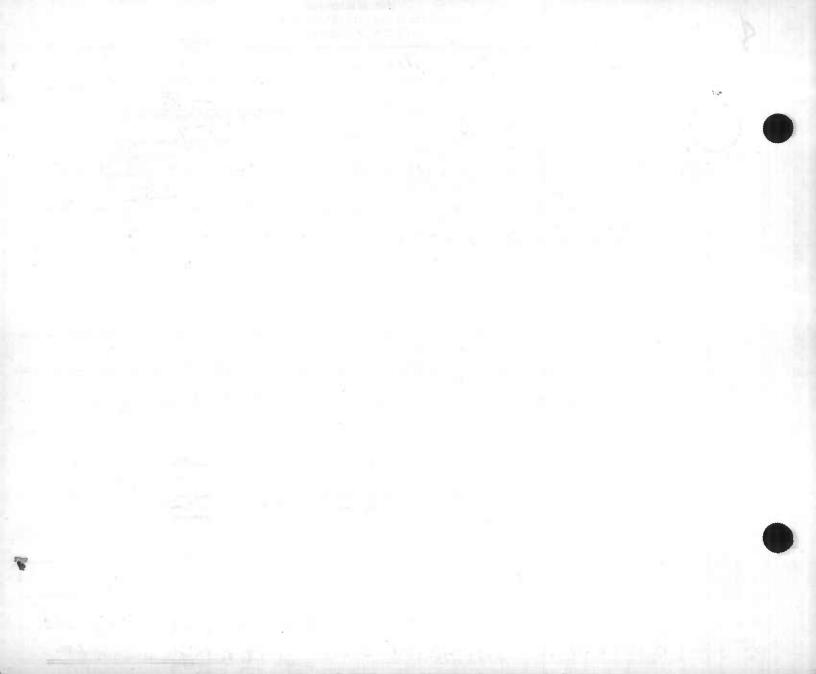
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH . DECEASED NAME MIDDLE 2h HOUR (TYPE OR PRINT) 7-31-84 HOHREIN NORINE IF UNDER I YEAR IF LINDER 24 HRS 1 SEX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS DAY 07 1894 FEMALE WHITE 10 89 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. WIDOWED DIVORCED | Raltimore City 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER BALTIMORE ST. AGNES HOSPITAL OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21048 13a. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2876 LAWNDALE RD. APT. 4 CARROLL MARYLAND FINKSBURG 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE UNKNOWN UNKNOWN MABET. DIJRM ADDRESS FINKSBURG, MD. 166 SOCIAL SECURITY NO 17 INFORMANT IAM WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES GIVE WAR OR DATEST WA 394728 HENRY O. HOHREIN NO 2876 LAWNDALE RD. APT. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line forta), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. S'A'CONSPQUENCE OF real gang Conditions, if ony, which gave rise to immediate couse (o), stoting underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? NOF 18 shov 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 77s I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h. SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS HICKEN M.D 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN BURIAL 08-03-84 ELKRIDGE MEADOWRIDGE MEM. PK. HOWARD MARYLAND 24 FUNERAL DIRECTOR 21229 REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	/	Male	Whi	te	May	23	1918		66	YRS.		1.00%	
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		VAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SEC	CURITY NO.	17. INFORMA	hukuom	11	ADDRES	S			
		ves	II	213-16	-6084	Jan:	ice eck	les, 10	00 Ba	yner	Rd. 2:	1221	
		18 CAUSE OF DEATH (Enter of	only one couse per li	ne for to 1, (b), o	and (c)						BETWEEN	XIMATE INTERVAL	ATH
		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	CARDIC	DPULMC	NARY	ARREST	Γ				10000	
1	3	Conditions, if ony, which	DUE TO, OR	AS A CONSEQ		· ΔNT	RIOR N	MYOCAR	ΝΤΔΙ.				
	J	gove rise to immediate couse tot, stating the underlying couse lost.	DUE TO, OR	as a conseo				INFARC					
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	D DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR COND	ITION GIV	VEN IN PART 1	10	-
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	17	sow the deceased alive a obove, (I) we) (did (did r	ot) view the body o	ffer death			nour pinion	deoth occurred	on the dot	le ond hou			d
		22b. SIGNATURE	1/)	DEGREE	ATTENDING	MEDICAL	STAF		22c. DAT	ESIGNED	1
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1		22d. PHYSICIAN'S NAME (TYPE		D		22e ADDRES	CHU	JRH HO	SPIT	AL			
/		JOHN MANN	VISI, M.	D.		10		MUVOCO			N N	D 212	0

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

230. BURIAL, CREMATION, REMOVAL

Lilly & Zeiler, Inc 1901 Eastern Ave. 21231

23b. DATE

July 13, '84

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill

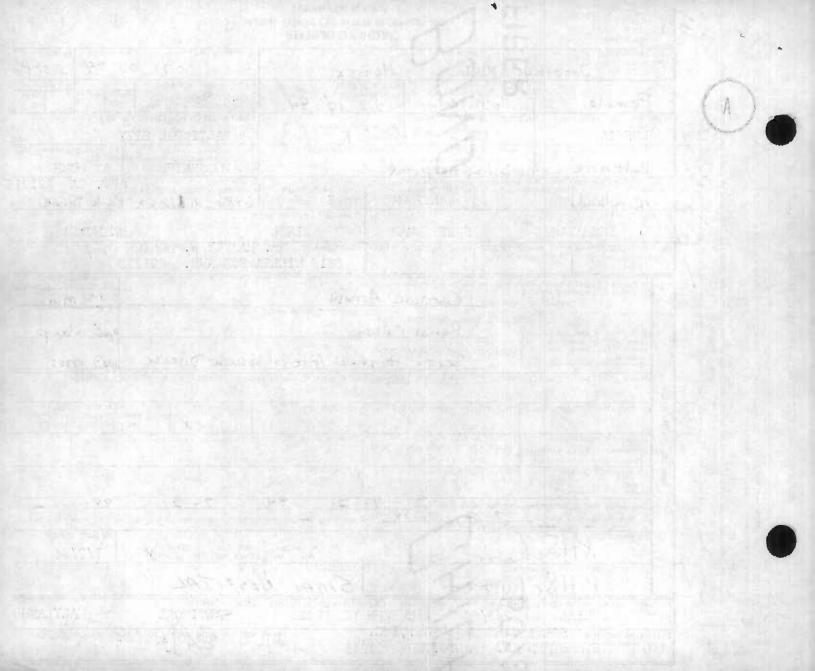
Anne Arundel Maryland

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4 3	FOR	DIDARY	STATE OF MARYLAND	course Q /1	8 / 1 4
	- STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR (5:35
(14)	ELM (ER F. HOMM	erbocker	070	25:41 17:35R
3. St		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1 h	Male	White	April 9, 1921	63 YRS.	
76. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md .	75. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		
8/100	CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Driver	12b. KIND OF BUSINESS OR
USU USU	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR JNTY 13c. CITY OR TOV Baltin	/N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 5614 # Knell Av	re 21206
14. F	FATHER'S NAME FIRST Elmer	MIDDLE LAST Hommerbock	15. MOTHER'S MAIDEN N		Brown
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and	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
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γ, ο,	PART 2. OTHER SIGNIFICANT	196. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TE	200. AUTOPSY? 20b. IF YI IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO
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DIVISION OF VITAL RECORDS, 201

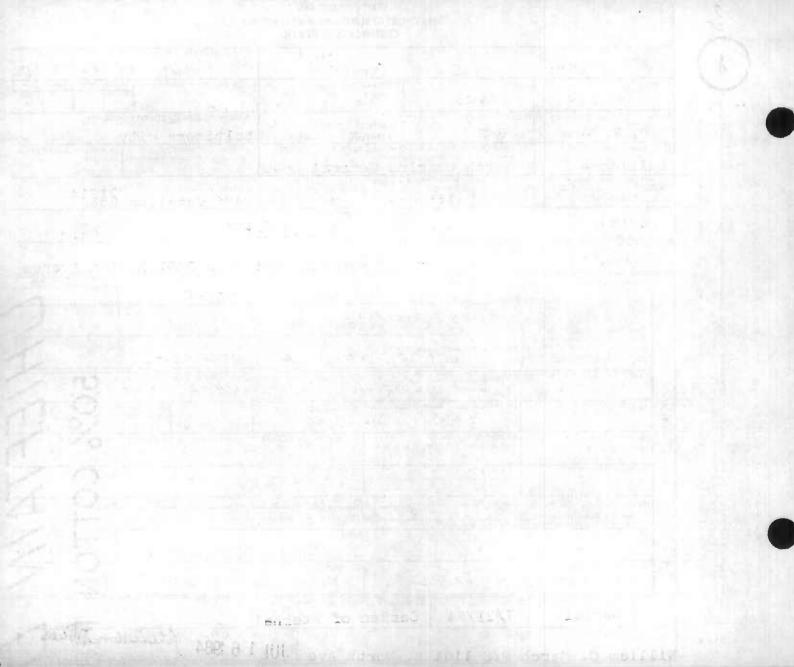


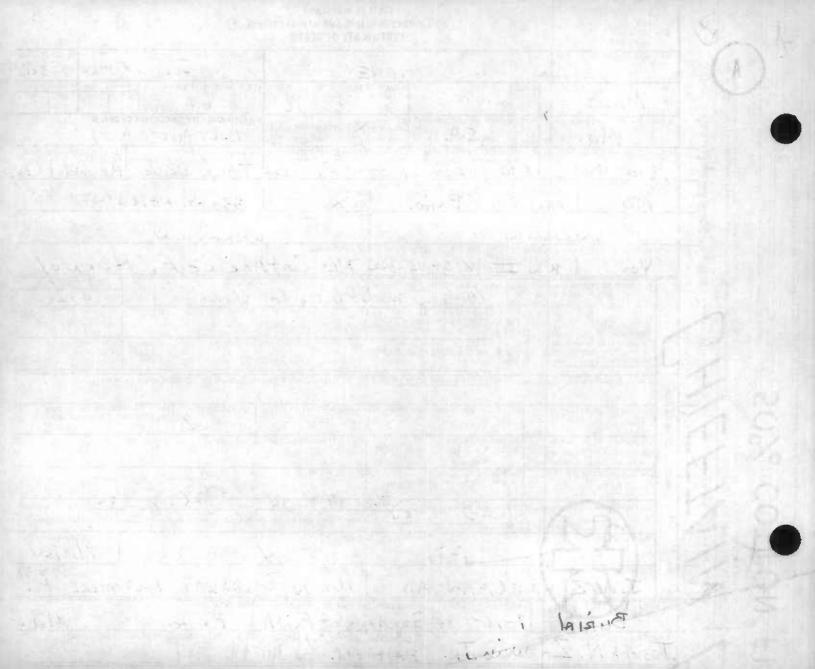
Wm C March F/H Inc. 1101 North Avenue

(VRA 15, 4)

/ / / P. Beltimone,

	1.	FOR STATE REGISTRAR		` DEPARTN	MENT OF HI	OF MARYLAND ALTH AND MENTAL H' CATE OF DEATH	(GIENE 8 REG. N	0.	8 7	1 7
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20	USU 130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	ROTHER INSTITUTION.	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimo:	ADMISSION)		13e. STREET ADDRESS 5406 Cat	alpha	21214 Road	
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by the ERAL D			61h	TV.	gre	w		MEDICAL STAFF DIRECTOR PHYSICIAN	7/6/84
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X 6 E 2 3	≤		URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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DHMH - 16 50M	4/83	24 FU	JNERAL DIRECTOR		ADDRESS		1 15 6.1	E REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
(VRA 15, 4)		L	eonard J. Ruck,	Inc. 5		rd Rd	. 21214	9 1984	Davidson-Handells



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21216 Lewis 3216 Presstman Street Baltimore, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Baltimore, Maryland 2501 Gwynns Falls Parkway 250, DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATUR 24 NUFELEPERPRONS Funeral Home Inc. Baltimore, Maryland 21216

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

1984

IF UNDER 1 YEAR

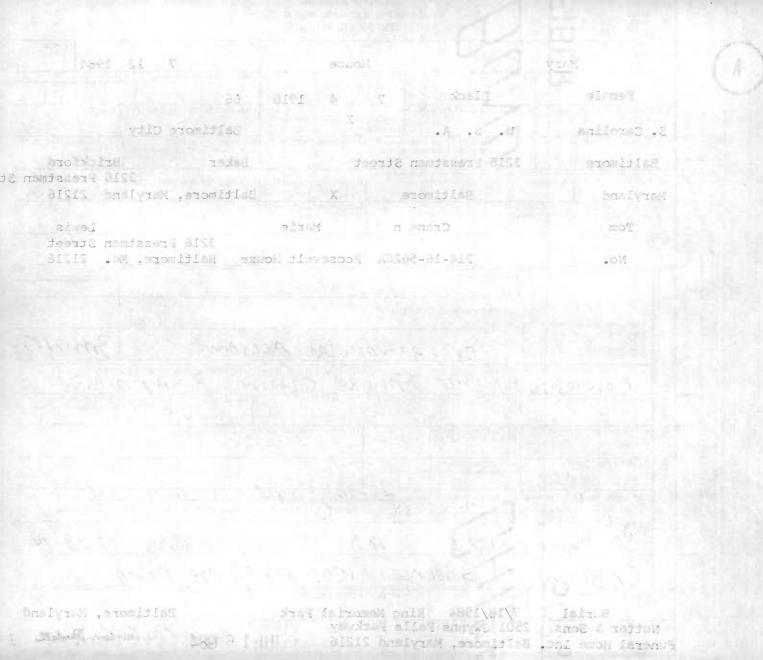
INDUSTRY Brickford

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

- STATE

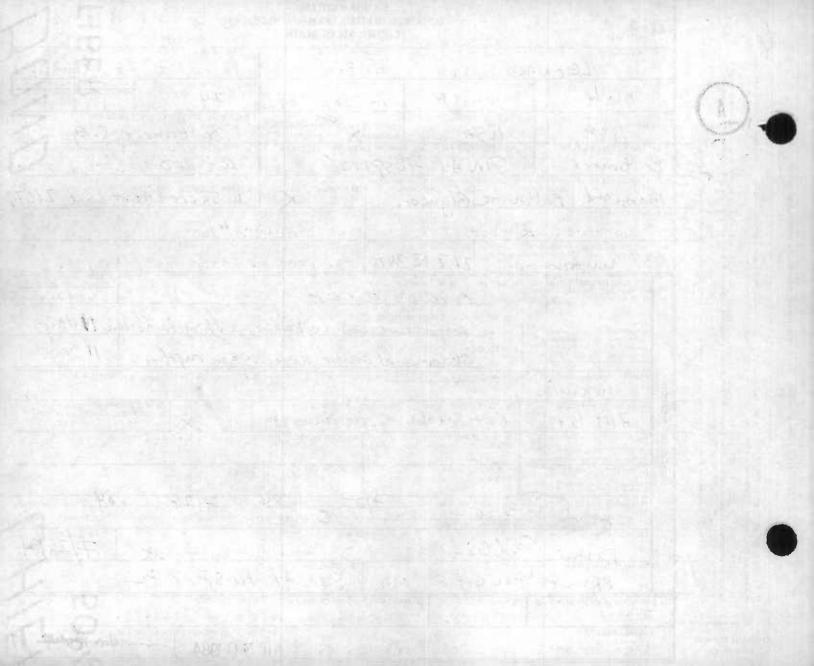
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Z & S S T &		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OR PART 2)
PHY rendin	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
TENDING order or of TOR: After for use os of Health of Health	15		ital) attended the deceased from 19 8 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19	d from the couses stated
IALORA y the hosp RALDIREC deteched ote Dept. VT. If them	7	22b. SIGNATURE	5-gillies DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	7/13/84
HOSPII FUNER Sould be Phithe St		BRUCE S	- GILLIES MD 220 ADDRESS SINAI HOSPITAL	
P		BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL	07/16/84 DRUID RIDGE CEM. BALTIMORE, B	ALTQ. Md.
DHMH - 16 50M 4/83		INERAL DIRECTOR MARS	SHALL W. JONES, JR. 1250 PATE RECEPBY AND SHALL WE SHALL	APSIGNATURE
(VRA 15, 4)	47	OTEDWONDSON	AVE. /BALTO. Md. 21229 JUL 1 500	

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WALTER BROOKS BRADLEY, INC. BALTO., MD. 21222

(VRA 15, 4)

Executive Associate Banking PALL TO the Sea of the Salayand

	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARY MENT OF HEALTH AN CERTIFICATE O	D MENTAL HYGIEN	B 4	1 8	1 :	2 6
	1. DECEASED NAME FIRST	MIDDLE	LAST	20		MONTH DAY	YE AR	26 HOUR
0	(TYPE OR PRINT) ET.TZ	ABETH	HULL			7 19	84	330 AM
	3. SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT		IDER I YEAR	IF UNDER 24 HRS
	FEMALE	WHITE	02 08		48	YRS.	HS DAYS	HOURS MIN.
	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVE	P MAPPIED 7 91	BALTIMORE CITY OF	R COUNTY OF	DEATH	
5	MARYLAND	U.S.A.	WIDOWED	DIVORCED	BALTIMORE	CITY		MD
)	Ba / Final	(IF NOT IN SUCH FACILITY, GIVE STREET			B. USUAL OCCUPATION OF WORK FOR MOST OF REG. NUR	WORKING LIFE)		F BUSINESS OR ITAL
5	→36 STATE 13b, CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 134. CITY OR TOW	E ADMISSION		STREET ADDRESS /	ZIP CODE. TERTON	ROAD,	21207
	FREDERICK	C. KERN		ER'S MAIDEN NAME FIRST CHARLOTTE	MIDDLE M.		ITCHE	
2	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES! 216-34-	Chou!	RLES T. HU	JLL 1715	ss CHESTER '		1207 OAD
-	PART I, DEATH WAS CAU	only one cause per line for (a), (b), or SED BY: IATE CAUSE (a)	ert fac	line			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
į	Canditions, if any, which	Due to, or as a consequ	Breat	E met	La's	3/		
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	1				
		T CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELAT	TED TO THE TERMINA	AL DISEASE OR COND	ITION GIVEN I	N PART Iso	1
2	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19% CONDITION FOR WHICH	OPERATION WAS PER	FORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES	
	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW	INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	

OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE

23b. DATE

HOUR A.M.

21c. HOW INJURY OCCURRED

DAY YEAR

MONTH

211 LOCATION CITY OR TOWN COUNTY STATE

220.1 certify that (1) (this haspital) attended the deceased from

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN ST. AGNES HOSPITAL

and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated

22c. DATE SIGNED

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

S. CATON AVENUE, 21229 900

(SPECIFY) BURIAL

23a. BURIAL, CREMATION, REMOVAL

ST. JOHN'S EPISC. 07-21-84

23d. LOCATION
CITY OF TOWN
ELLICOTT HOWARD CITY TRAR 25 RECIEDENCE CONTRACTOR

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

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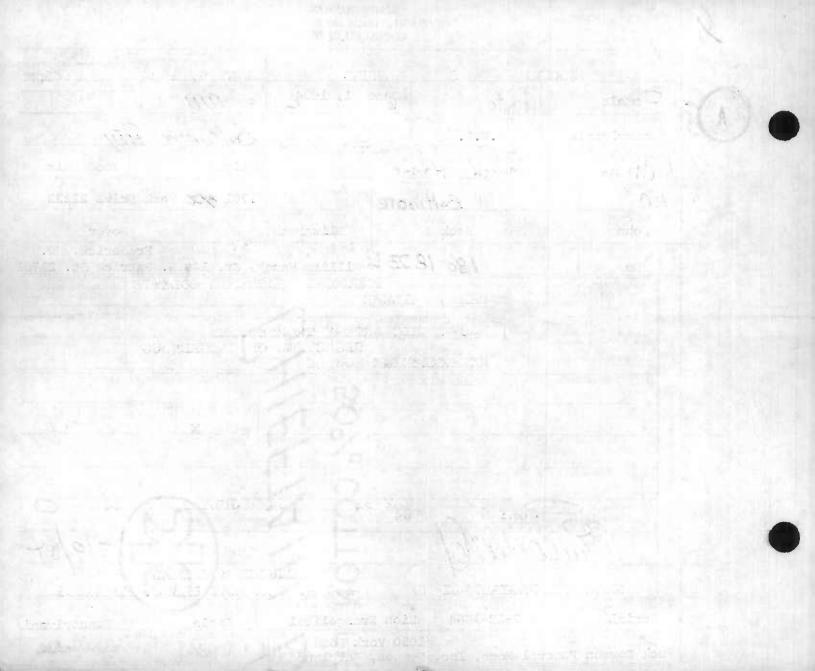
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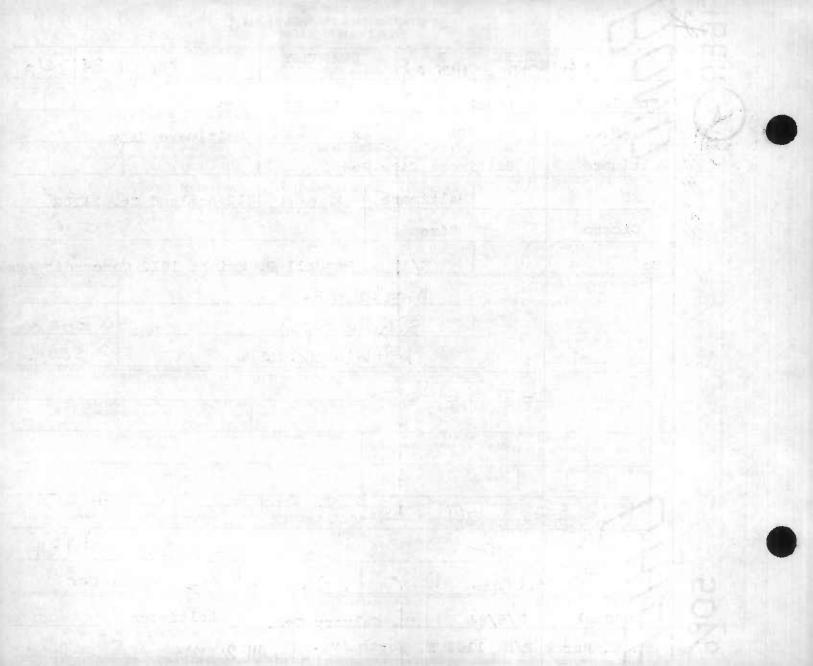
DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

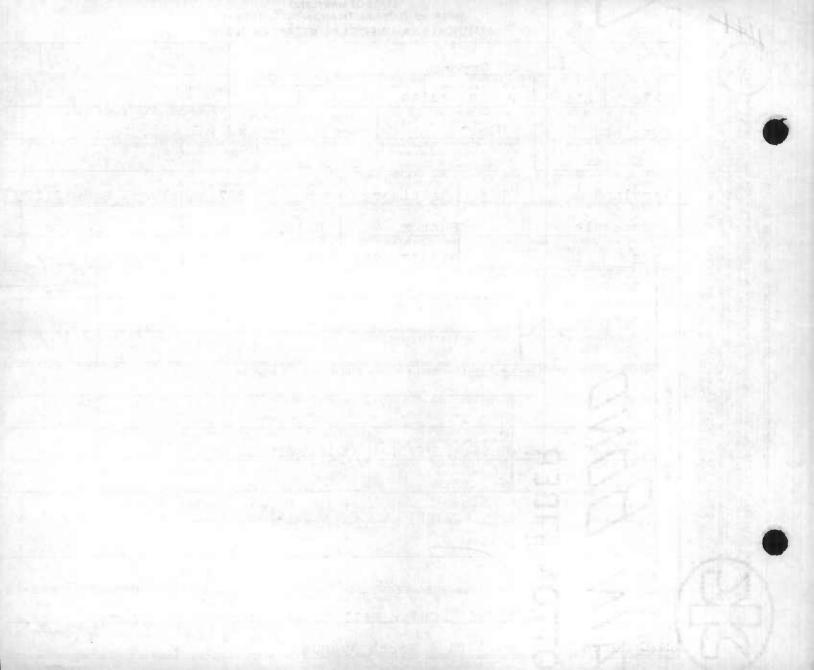


DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔑 STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2a DATE OF DEATH I. DECEASED NAME B. "HUMPHREY MONTH YEAR 2h HOUR MARIE LITYPE OR PRINTS Marie monrous 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX MONTH YEAR DAY Female Black 15 97 6 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED . C. USA Baltimore City WIDOWEDA DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Baltimore City Hosp. LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore 130. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13h COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore 832 Ashland Ct. 21202 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Cicero Dixon ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Wendell G. Wright 1012 Concordia No N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL CIF FITHER NOTIFY MEDICAL EXAMINERS P.M 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. and that in (my) (our) apinion death occurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME ATTRE OF PRINTS should be with the S 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 23h. DATE Baltimore Burial STATE 7/5/84 Mt. Calvary Cem 24 FUNERAL DIRECTOR 250. DATE REC'D- BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Wm. NAMC. March F/H 1101 E. North Ave. (VRA 15, 4)

STATE OF MARYLAND



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	AL RESIDENCE STATE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, GIV		OR TOWN	ION)	13d. INSIDE C	ITY LIMITS?		T ADDRESS					
	arylar			Ba	ltimo	re		NO 🗆		Ath	olwo	od I	Lane	212:	29
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6a \	WAS DECEASE res, no, or unkno	DEVER IN U.S. AR/	MED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFORA				ADDRESS				
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	I AM I DI		TE CAUSE (o)		nshot v		to H	ead							
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			110		-		.v. <u>Had</u>	LOCALII	MEDIC	AL EXAMIN	CK	SIGNE			
	EXAMINER'S (TYPE OR PRI		gory R. K	auffr	man, M	.D.	ADDRESS_	111 E	Penn S	St., B	alto	· , Mo	1. 212	01	
23a. 6	SURIAL, CREMA	TION, REMOVAL 2	73b DATE	230	NAME OF CE	METERY C	RCREMATO	ORY	23d. LOC	ATION		COU	NTY	STATE	
	BURTAI		7/11/84	C	edar	Hill	Cem	eters			unde	1 C	0	БМ	
	UNERAL DIREC		ADDRESS					250. DATE	EC'D. BYR	1984	156 REGIS	Jan lax	JONA MUSE	dell	
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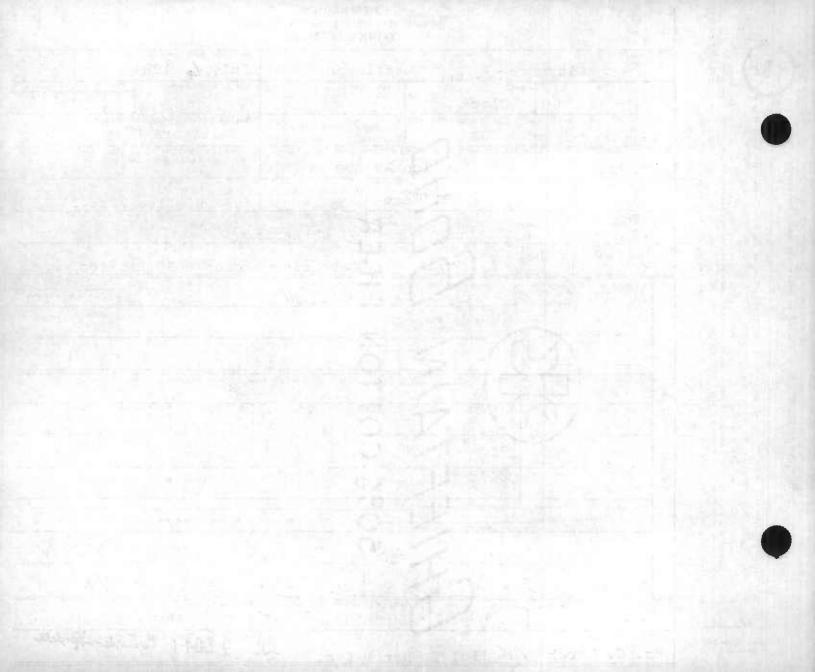
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3, 58	EX	4. RACE		DATE OF BIRTI		6 AGE (IN YEA	ARS IF UND	ER 1 YR. IF UNDER		DATE	MONTH 7_24		AR 2d. HO
m	ale	bla	ack	5 4	58	26 YE		DAYS HOURS		NOUNCED DEAD	7-2	7 -84,	8:12
TE.	BIRTHPLACE (STATE OR	17	b. CITIZEN OF	WHAT COL	UNTRY?	8. MARRIEL	D NEVER MARE	RIED X 9 BA	ALTIMORE CITY	OR COUN	ITY OF DEATH	
We	est Vir	ginia	a	U.S.			WIDOWE			altimore			
10.	CITY OR TOWN	OF DEAT	TH 1	(IF NOT IN SUCH	FACILITY, GIV	URSING HOME				OCCUPATION (T	YPE OF WORK	OR INDU	BUSINESS
	altimor						Apt.	B4					
13a.	STATE		3b. COUNTY		13c. C1	TY OR TOWN	13	3d. INSIDE CITY LIMITS?	13e. STREET A			21207	
	aryland				Ba	altimore		YES X NO	3915	Liberty	Heigh	hts_Ave	nue
14.1	FATHER'S NAM			MIDDLE		LAST	1	5. MOTHER'S MAID		MIDDLE		LAST	
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DHMH- 16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🏱
CERTIFICATE OF DEATH

8

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYO		8 / 3
	1. DEC	CEASED NAME FIRST		MIDDLE		AST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(TYPE	Clare	nce Edy	ward Hu	tchi	nson Jr.	July 5 1984	
1	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	-	Male	Bla		2 MONTH	23 45	39 YRS	10000
2	C	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	8. MARRIE WIDOWE	D MEVER MARRIED DIVORCED	Baltimore (
1		Baltimore	11. NAME OF (IF NOT IN SUC 4630	HOSPITAL, NURSIN CHEACILITY, GIVE STREET / PIMLICO	GHOME C ADDRESS) AVE	enue	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
3	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 13b. COU MD		Baltimo	admission) ore	13d INSIDE CITY LIMITS? YES X NO [13e. STREET ADDRESS 4630 Pimlico	Road 21215
(14 FA	THER'S NAME FIRST Clarence	MIDDLE E.	Hutchin	Sr.	15 MOTHER'S MAIDEN NA FIRST Catheri	MIDDLE	Young
=	16a W	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17. INFORMANT	ADDRESS	204119
		(IF YES, G	VE WAR OR DATES)	N/A		Catherine	Presco 4630 F	imlico Road
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	C	l (c).)	010.000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (a)	SEIZUM	B	U/SORDER		IMMEDIATE
			DUE TO, O	R AS A CONSEQUE	NCE OF			
		Conditions, if any, which gave rise to immediate cause (a), stating the	(b)_	2.16.1.001/0501/0				
		underlying couse lost.	(c)	R AS A CONSEQUE	NCE OF			
	N	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
1	CERTIFICATION	190. DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ NO } } \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ NO } } \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text
3	CERT	21a. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH DA	V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	
1	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	.M.	19			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a-1 certify that (1) (this hosp				. 19	, to	, 19, that (I) (we) last
d		sow the deceased alive a above, (I) (we) (did) (did n	n ot) view the body	ofter death.	, 01	nd that in (my) (our) opinion	death accurred on the date and he	our and from the causes stated
		22b. SIGNATUR	The	7	MB	BS ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/5/84
		JULIAN JAK	186V 175	MB.BS		SWAI HOSP	it BALETTE	2145
		BURIAL, CREMATION, REMOVA	236. DATE 7/9/			emetery or crematory emorial Par	RandaTlstow	m, county Marie
	24. Ft	JNERAL DIRECTOR				25a. Q.A.	TE REC'D. BY REGISTRAR 250 REGI	Daydoon Mardall
	W	m. C. March	F/H 1	101 E. I	North	Ave.	JL 9 1904 1 100	protection - 1



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔝 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN ET 2h HOUR MONTH DAY (TYPE OR PRINT) EST1-LOUISE Ε. HYDE 7-18-8410 DEATH MATED 4 RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2d. HOUR 24. DATE PRONOUNCED FEMALE THITE 2:31,5 7-18-8410 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED A NEVER MARRIED Mary Land Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY University Hosptial STU Hochschild-2, AND 3 TO 3. RETAIN PA 2 SHOULD BE F Saleslady Baltimore 130 STATE 13L COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 3812 YES V NO [] Woodlea Ave. 21206 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, WITH FORM PM III. PAGES 1 AND 2, DIVISION OF VITA MIDDLE MIDDLE LAST Baker Mammie Harne John 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT THE SOCIAL SECURITY NO. ADDRESS Marshall W. Hyde 3812 Woodlea Ave. 21206 231-34-5082 MEDICAL EXAMINER ALONG W AS A BURIAL-TRANSIT PERMIT. ALTH AND MENTAL HYGIENE, DI CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A HEALTH CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL TOWARDED TO THE CHARACTER PAGE 3 SHOULD BE LESTATE DEPARTMENT CAND. 21201 PRIGRETO BUS 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 10:00 AMON74 P8-84AR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH pedestrian struck by a vehicle 21e PLACE OF INJURY (AT HOME AGE 4 SHOULD BE FORWARDER
O FUNERAL DIRECTOR: PAGE 3
FTER DEATH, WITH THE STATE DI
ALTIMORE, MARYLAND 21201 F 5600 blk. Belair Rdortown Baltimorent Marylandiate street NOT WHILE AT WORK MSoTANeTd on Autopsy Inspection and in my opinion death resulted from Undetermined manner Homicide TITLE (SPECIFY) DATE 7-19-84 M.Deputy Chiefedical ExaminER 111 Penn Street EXAMINER'S NAME Thomas D. Smith, M.D. TO ME EXECU PAGE TO FU AFTER BALTM (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Hagerstown, Maryland St. Paul Ref. Ch. Cem. BP Buria] 250. DATE REC'D, BY REGISTRAP 175 HE GENERAL AND ATURE 24 FUNERAL DIRECTOR **DHMH - 17** BALTO.MD. 2136 (VR A15 ME (5)) LASCAHN FUNCEDI 20M 4/B2

Marina Derrett - Housest - Hestille

WATER TO BE CONTROL OF THE TO BE SET OF THE PARTY OF THE 7/6/1015 Bullishes . w. of the formall Ave. 21/22 Des grand once. Feed the 213 '40 (658 | 1 may b. 1 may

7/19/108he it sadounted a new cart of which a new d , net.

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LIPETY YEAR SEALING 2013年 Jana A8 THE WORLD THE STATE OF THE STAT

LAST DECEASED NAME MIDDLE (TYPE OR PRINT) CHARLO TTE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) MONTH 70 BIRTHPLACE A STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED [DIVORCED IL CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DALTIMORE Laborer SOUTH BALTIMORE GENERA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES X MARYLAND ALTIMORE NO | BALTIMORE 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Frances Annold 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (5) PART I. DEATH WAS CAUSED BY ARD TO-KESP IDATORY IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUF TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig DIVISION OF VITAL RECORDS, CERTIFICATION 20a AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NO 8 sh 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH Mentol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21e. PLACE OF INJURY ŏ 21d. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 22a 1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on DIREC 22b. SIGNATURE DEGREE ATTENDING MEDICAL nauld be deta FUNERAL MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S MAMP (TYPE OR PRINT)

FOR

REGISTRAR

- STATE

23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL Ltimore athedral Bunia ully Funeral Home (VRA 15, 4)

2b HOUR

2n DATE OF DEATH MONTH IF UNDER TYEAR IF UNDER 24 HRS DAYS HOUR5

9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

12a, USUAL OCCUPATION 12h, KIND OF BUSINESS OR MOUSTRY

Tribble

REG. NO.

William W. Isaac 1503 Filbert St.

STATE OF MARY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE CITY OF TOWN

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

STATE

Ka Davidson Barlos

DHMH - 16 50M 4/83



11			STATE OF	MARYLAND			
) 1.	FOR STATE REGISTRAR	DEPARTI		H AND MENTAL HYG TE OF DEATH	REG. NO.	8	1 5 6
	CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MO	ONTH DAY YEA	1 1 78
1	(/01	riE s.	SACI	ESON	7	1 15 84	6 PM
3. SE.	x	4. RACE	5. DATE OF BIR	TH DAY YEAR	6. AGE (IN YEARS LAST BIRTHE		EAR IF UNDER 24 HRS AYS HOURS MIN.
/	Female	Black	10	24 1910	73	YRS.	
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	н
77 s.	Carolina	U. S. A.	WIDOWED	DIVORCED [Baltimore (City	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		HER INSTITUTION	12a USUAL OCCUPATION		ID OF BUSINESS OR
	Baltimore	Saint Agnes Ho	dpital		Homemaker		Home
	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 136 CITY OR TOW		INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	ZIP CODE 5019	Arbutus Av
5 1	Maryland	Baltimo		NO 🗌	Baltimore, 1	Maryland	21215
14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15. A	AOTHER'S MAIDEN NAM	AE MIDDLE		LAST
0	Bill	Smith	334	Melvin		Ca	apus
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. II	NFORMANT	6204 Cra	Igmont Roa	ad
	No	238-44-7	836 Vi	vian Watsor	Baltimore	e, Marylar	nd 21228
	18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b), an	nd (c).)			APP BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
	PART I. DEATH WAS CAU	SED BY: DATE CAUSE (0)	mon	any av	rest		
NO	couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQU (c) T CONDITIONS CONTRIBUTING TO		RELATED TO THE TERM	inal disease or condi	TION GIVEN IN PAR	T 1(o
CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WA	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?
1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH D	AY YEAR	HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY		1 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATED AND AND AND AND AND AND AND AND AND AN	P.M. 21e. PLACE OF INJURY	19 211	LOCATION			
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		STREET	CITY OR TOWN	N COUNTY	STATE
		spital) attended the deceased from_			, to		, that (I) (we) lost
		on19 not) view the bady after death.			death occurred on the date		
	276. SIGNATURE	he he	DEGR	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	1/ 1	ATE SIGNED
	Moonhe			LO3-K H	Rock Glen 1	rd. Balt	. Md 2/229
23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CEMET	TERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	Burial	7/21/1984 Ne	w Mount		Raleigh	N. (Carolina
	utter & Sons neral Home Inc	2501 Gwynns Fall. Baltimore, Mary			2 0 1984	b. REGISTRAR'S SIG	fandale.

139 NU 31		• 6	
		stack to 20 1910	Female .
Acces to the late of the	entthorn Cit	т. Б. л.	5. Carolina
Hom	Homemaker	int Aones No s ital	Edliford Sa
viend 21215	Bultimore, her	Ellicre	; rvl m
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		238- 4-7836 Vivien at	Of
	Transfer State of the State of		
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	Transfer State of the State of		
	Transfer State of the State of		
			Magnine C.

+	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 4	18/3/
and the		CEASED NAME FIRST OR PRINT)	WIDDLE	07	AST LAIL	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
ja i	3. SE	C AA	4. RACE	5. DATE	DE BIRTH	6. AGE LIN YEARS LAST BIR	RINDAY) IF UNDER TYEAR IF UNDER 24 HRS.
1		111	NV	MONT	12 1/2 80	83	MONTHS DAYS HOURS MIN.
19	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH
9	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			120. USUAL OCCUPATI	
#3	DI	Itimore, MD		o. Gen	eral	(TYPE OF WORK FOR MOST O	DE WORKING LIFE) INDUSTRY
25	130 5	AL RESIDENCE (NEXURSING HOME TATE 13b COI	UNTY / S BLCITY, OR	BEFORE ADMISSION) TOWN MORE	13d INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS	J. Fryette, 37.
320		THÉR'S NAME FIRST ANDREA	MIDDLE JACK	50n	15. MOTHER'S MAIDEN NA	EAbeth MIDDLE	Jackson.
e medica		VAS DECEASED EVER IN U.S. A res, no or unknown) (# yes. o NO	GIVE WAR OR DATES)	7-4189	Bernice We	stbrook	Balto. 21225
al, crematian, ar removal. r ather traumatic event, tt		PART I. DEATH WAS CAUS	ATE CAUSE (a)	EQUENCE OF	Monney AK DARCINOMA	rest Posta	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ta buri njury, a	N	PART 2. OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 11a
aws any ir	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
orked or	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
. of Heals		saw the deceased alive of	pital) attended the deceased from 123 nat) view the bady after death.	201	nd that in (my) (aur) apinian	death accurred on the do	ate and have and from the causes stated
tate Dept.		22b. SIGNATURE	Luck, M	O	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	
with the State		THE PHYSICIAN'S NAME ITEM	Buck, Mic	D.	Joul BAH	more Gene	eal Hospital

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Chas. A. Rice PSPA 1300 Eutaw Place

23b. DATE

7-28-84

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

Cem. Brook Vn AA

Brook Vn AA

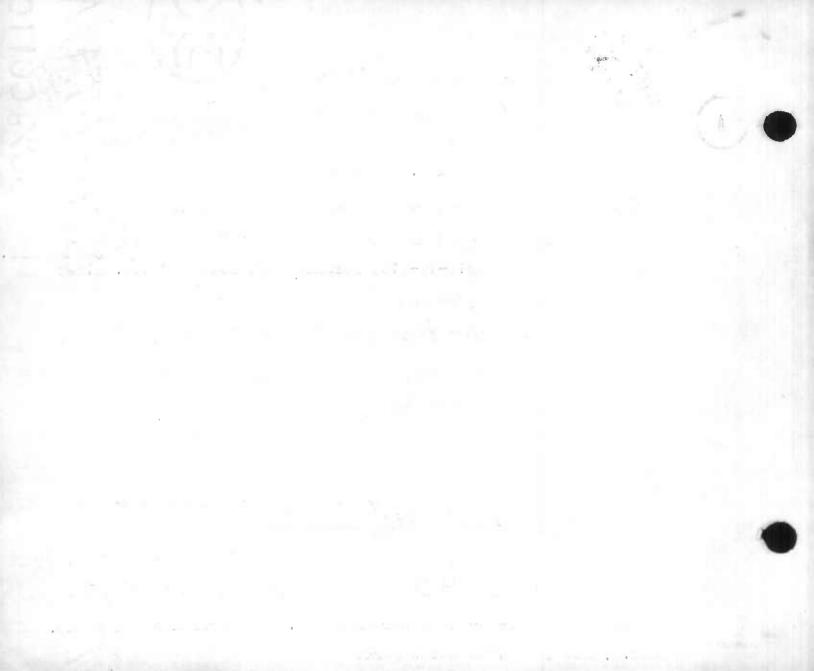
BY REGISTRAR 256 REGISTRAR'S SIGNATURE

7 1 1000 Julia Davida

COUNTY

STATE

23d. LOCATION CITY OR TOWN



	1			STAT	OF MARYLAND	age-maps on early			
	11.	FOR STATE	DEP		EALTH AND MENTAL HYG	TENE ()	1	8 /	3 8
		REGISTRAR			ICATE OF DEATH	REG. NO			62 0
		CEASED NAME FIRST E OR PRINT)	WIDDLE		AST	20. DATE OF DEATH		YEAR 2	b. HOUR
\$ 60 A	-	Joseph		Jackso		7-22-			М
E (SA)	3. SE		4. RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS EAST BIR	THDAY) IF U		FUNDER 24 HRS
8		Male	Black	(9		55	YRS.		
2 bd.	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE	D , NEVER MARRIED	9 BALTIMORE CITY O	_		
The state of the s	6	MD•	USA	WIDOWE	DIVORCED [Baltim	ore, M	id.	MD.
fied within	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF		126. KIND OF	BUSINESS OR
Filed 13 of	1	Baltimore	Mercy Hos	pital		Retire	d		
d in	USU 130	AL RESIDENCE I IF NURSING HOME OF STATE 136, COU			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 TIP CODE		
AND 2	5	MD.	Bal	to.	YES THE NO	5012 Pa		ve 21	215
rety 2 sh	14_F	ATHER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NA	ME			
MAR ed w mple ond		Robert	Jacks		Emma Wi	lliams	Jac	kson	
RE,		WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166. SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours rattending physician and completely filled in by sthe this certificate best bean signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill thand Mental Hyglene prior to burial, cremation, or removal.	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 214	-24-019	Thomas	Wheatle	5012	Palm	er Ave
ALT ALT			nly one cause per line for (a). (hi, and icui				APPROXIMA	TE INTERVAL SET AND DEATH
physican population			nly one cause per line for (a), (ED BY:	mouale	Mar Arcido	ent.		OCTAVE EN OIL	SET AND DEATH
rear in a single of rear i		IMMEDIA			401 11000				
RESTON death ce totendin nove carb ortion, ar-		C19: 9 111	DUE TO, OR AS A CONS	SEQUENCE OF	- Parkage	unlan Disc			
RES e de otto		Conditions, if ony, which gove rise to immediate	(b) Hy	y tensty	e com ya	una proc	ase		
that the deby the lease remains or other	1	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF					
to1 W s that s that olease rial, cr			(c)						
Signe signe hen p o bur	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
OR COLLEGE TO THE	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	THE COPPLETE	ALMAC DEDECTOR	Tan AUTODOV2	Tool IF VEC. 14	ERE FINDING	
PE S S S S S S S S S S S S S S S S S S S	7 2	THE DATE OF OPERATION	196 CONDITION FOR W	THICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		IG CAUSES O	
TAL The cian the house how	- E					YES NOTE	YES [NO 🗌
hysici Tilahysici Tila		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART	1 OR PART 2)	
SICIA ng ph ng ph certifi iniol-tr entol	3	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19					
PHY PHY and this e bu d M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
No. the horse	1	AT WORK AT WORK			1	71	no	21	
L O L O L O L O L O L O L O L O L O L O		220.1 certify that (I) (this bear	nol) attended the deceased f	rom May	1 19 83	10 July -	, 19_	T, the	ot (I) (ve) lost
Pito pito for of h	33	sow the deceased alive or obove. (1) (ye) (did) (did no	ot) view the body after death.	19 54 1,01	nd that in (my) (and) opinion	death occurred on the do	ste and hour on	nd from the co	uses stated
IRE of the different them		226. SIGNATURE	1. 11		DEGREE			22c. DATE SI	SNED/
AL D letoc te D T: If I	0 3	Lunge	Jahn Mi	The second	ATTENDING PHYSICIAN [DIRECTOR PHYSIC	F IAN []	1/2	5/84
HOSPITAL ned by 19 FUNERAL or the Store		221 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS			1	7
TO HOSPITAL retained by 15 TO FUNERAL should be detect with the State E IMPORTANT: IF		GEORGE T	ALER, M.D.		600 LIGHT	-87. BALT	- 110.	2/23	a
should with 10 F	23a.	BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	- /	-,-0	
BP		Burial	7-28-84		uburn Cem.	Westp	ort. P	Balto.	MD.
	24 F	UNERAL DIRECTOR				E REC'D. BY REGISTRAR	256. REGISTRAF	S.P. SIGNATION	61.00
DHMH - 16 50M 4/83 (VRA 15, 4)	1	Thas A Dice T		tow Dla	ca IIII	2 6 1984	Juna Day	mon - Man	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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